

# CHEMIST & DRUGGIST

The newswweekly for pharmacy

May 5, 1984

a Benn publication

No BPA, no  
pharmacist  
involvement  
in companies'  
new contract  
proposals

Commercial or  
professional:  
PSNC charter  
allows choice'

The cases 'for'  
and 'against'  
parallel  
imports

Pharmacists to  
be struck off

HAIRCARE  
AL FEATURE

## Here's News... ...Collis Browne's is now Brand Leader



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# CHEMIST DRUGGIST

Incorporating Retail Chemist

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## COMMENT

The ethics of parallel importing seem to have divided the pharmaceutical profession more

fundamentally than anything else in recent memory. *C&D* has from the start been a committed "anti," but we recognise that the "pro" lobby holds equally strong views, however misguided we believe they are. It is for this reason that we have given an airing to the two arguments — a vindication of PIs from Mr Holman, a member (albeit perhaps an out-of-step member) of the Pharmaceutical Services Negotiating Committee and a reply by the Association of the British Pharmaceutical Industry (p863 and p868). Mr Holman has already crossed words with Xrayser on this topic in our letters column (last week, p835).

Nevertheless, it may also be worthwhile setting out our own position in this controversy. For *C&D* it is a matter of

principles — principles of ethics, fairness and honesty.

The NHS contract has severe faults and pharmacists are grossly underpaid for their services, but it is a contract freely entered into by the pharmacist. And it is a cost-plus contract — whether these words are written into it doesn't matter, it is the basis of negotiations and understood by both sides.

Thus if contractors can negotiate £1,000 a week for their services, good luck to them. But the taxpayer is entitled to pay on the cost side the price paid by the contractor, and not a penny more. And that cost, so far as contracts are concerned, is the price negotiated through the Pharmaceutical Price Regulation Scheme; it is of no concern to the pharmacist (except as a taxpayer himself).

That is how it should be, because the pharmacist must not be placed in a position where he needs to compromise the patient's

interest in order to boost his own income.

Nor should he be allowed to. Certainly patients' interests *have* been compromised, through changes of brand name, changes of language, changes of packaging, changes of formulation: hardly the way to treat the elderly, the anxious, or the acutely and chronically sick! All such activity has brought the profession needlessly into disrepute with the public and the media.

But many pharmacists have had to do a lot of heart searching recently — considering sacrifice of their principles to avoid being among the "haven't hads" when it comes to an averaged clawback. The "have had" are relying on making more than they have to pay back, patting themselves on the back for their entrepreneurial skill. If that is professionalism, no wonder consumers are out to curb the profession!



# CCA says 'no' to BPA and joint contract

**The Company Chemists' Association has produced its own new contract proposals which have no provision for a Basic Practice Allowance and reject the notion of a joint contract with the pharmacist-in-charge.**

The Association says it totally rejects the Pharmaceutical Services Negotiating Committee's proposals concerning a joint contract involving the pharmacist-in-charge. "We reject it because we cannot see any benefit in it. Although there are many arguments against it, no valid argument has ever been made in its support.

"We would add that it cannot be emphasised enough that Section 71 of the Medicines Act 1968 provides for the legal responsibility of a superintendent of a body corporate and that superintendent must be a pharmacist. Additionally, the Pharmaceutical Society sets out clearly in its Code of Ethics, the responsibilities of the superintendent and also of individual pharmacists. Pharmacists can be judged both in law and ethics should any misconduct be proven. This provides sufficient protection for the public."

The CCA's proposals have no provision for a Basic Practice Allowance. As an alternative, it is putting forward a proposal to PSGB and PSNC, in its consideration of proposals on the rational location of pharmaceutical services, that this control be replaced by a reduction of the first pharmacist's allowance.

Secretary Mr D W. Craig says the first pharmacist's allowance could be quite sizeable. For a leapfrogger it would be reduced, perhaps in proportion to the distance he opened from an existing pharmacy.

The CCA says the system of periodic inquiry into the costs incurred by a statistical sample of contractors has "become unwieldy, unjust and outmoded."

The proposals seek to identify accurately the true costs of individual contractors and reimburse them on a direct basis through the submission of individual claims subject to audit. A negotiated profit margin is expressed as a percentage mark up on all costs incurred.

The recommendations are:

**2.1. "The reimbursement of actual**

*drug/appliance costs.* This would be achieved in the short term by a monthly statement of discount or the purchase price paid for selected frequently dispensed medicines. In the medium term, CCA says because of Government intervention discounts could become less significant so that payment would be "virtually at list price". In the long term it says original-pack dispensing (with retrievable information) will aid payment of actual acquisition costs.

**2.2. "The reimbursement of averaged negotiated container costs."**

**2.3. "The reimbursement of actual labour costs subject to negotiated maxima."** CCA wants payment for the first pharmacist's salary and other emoluments in full, payment for additional pharmacists and technicians related to dispensing volume and payment for other labour on an agreed averaging basis.

**2.4. "The payment of a negotiated proprietorial lead."** CCA says it should continue at 15 per cent at present.

**2.5. "The reimbursement of actual other overhead costs, notably space costs and apportioned fuel costs."** The actual overhead costs should be reimbursed, CCA says, with property costs (rent, rates, heat and light, etc) to be calculated by an agreed formula referring to the proportion of space actually allocated to NHS work applied to actual costs incurred. The proposal might need to be subject to space maxima, and probably related to agreed models.

**2.6. "The reimbursement of the actual costs of providing additional and special services, including out-of-hours services where locally determined to be necessary."** All additional and special services such as oxygen, domiciliary, rota etc, should be reimbursed on an actual and specific basis to each contractor. The needs for out-of-hours service should be identified locally. The provision of an appropriate service must be well remunerated, says CCA.

**2.7. "The payment of allowances for the training of pre-registration graduates, technician trainees and for the continuing education and training of pharmacists."**

The CCA says an independent Review Body should be set up, with the responsibility to undertake an annual review of all aspects of the remuneration package prior to annual and disciplined negotiations.

In addition to FP 10 forms the CCA says the contractor will submit a detailed statement in support of his claim for payment of the various costs incurred.

## BMA halts 'UK stamp' advice

**The British Medical Association has halted steps to advise doctors to stamp all prescriptions "UK licensed products only" after being warned by solicitors for the Association of Pharmaceutical Importers that it could infringe the Treaty of Rome.**

The advice was to have been contained in a letter to GPs from the BMA's General Medical Services Committee (C&D) April 28, p804. A spokesperson for the BMA said no copies had been sent out, nor would be, pending the receipt of further legal advice. The BMA had taken legal advice before announcing its original proposal.

Last week GMSC deputy chairman Dr Michael Wilson told C&D it would face up to any conflict if it became involved with EEC law. "If, by seeking to ensure that UK safety controls and regulations are enforced, we find ourselves in conflict with some EEC Regulations then GPs, both as individuals and as a Committee, will take that on board."

The API's solicitor wrote to the BMA saying its advice would constitute an infringement of Articles 30, 85 and 86 of the Treaty of Rome.

API steering committee chairman Stanley Blum told C&D: "It's good news that the BMA have seen the error of their ways. We are very pleased that they are withdrawing the letter from their members."

"We want them to do more than that and issue a statement to say that they were in error. The BMA has had a letter from our solicitors setting it out in chapter and verse. The BMA has done what it can for the time being, but the matter has been reported to the EEC by our solicitors."

"This is the first major success for the Association in its first month."

## Free software for GPs?

Computer software enabling doctors to call up generic equivalents of branded medicines and check on repeat prescriptions may soon be available free to GPs in Scotland.

The Scottish Home and Health Department has given a three-year grant of £142,000 to Dr David Ferguson to develop the programs. The Department eventually hopes to supply the software free to GPs.

Another feature will be compatibility with systems in health boards and hospitals providing a computerised network.

## Tory praise for 'rebel' chemist

**A Derbyshire pharmacist has been publicly praised by Mrs Edwina Currie (Con) for disregarding the ethical code of the Pharmaceutical Society in order to highlight the value for money obtained by most patients when they pay prescription charges.**

She told the Commons that a pharmacist in a mining village ("where, incidentally, everybody is working") responded to complaints about the scale of prescription charges by inquiring if the patient would prefer to have the drugs or medicine privately dispensed.

Mrs Currie said the usual answer was "Oh yes" and then the pharmacist disappeared to the back of the shop to do the necessary calculations and eventually returned to tell the patient the cost — "often as much as £65". The immediate reaction of the patient, she reported, was to choose to pay the £1.60 per item prescription charge and to express gratitude for having the opportunity to let the State meet most of the cost. Mrs Currie commented: "An interesting aspect of this practice is, however, that it is against the ethical code of the PSGB".

She repeated the plea made by a representative at last year's Conservative conference that prescription charges should not be levied on patients suffering from terminal cancer, but said the "pill" should no longer be freely available.

Mr Michael Meacher, Labour's Shadow Minister for the Social Services, led an unsuccessful attempt to get the recent increase in prescription charges annulled — it was defeated by 177 votes to 104. He protested that the increase meant the present Government had been responsible for an eightfold increase in the charge made for each item prescribed.

Mr Meacher contended that it was no excuse to say that the exemption certification system meant that only 30 per cent of prescriptions would be paid for by the patient. "The fact remains that next year more than 100 million prescriptions will be dispensed in this country for which the full £1.60 charge per item will be levied. It is not true to say that all those people are well off and can afford it. It is known that there are at least 1.5 million people in Britain today who are entitled to supplementary benefit but who do not, for one reason or another, claim it".

Mr Michael Meadowcroft (Lib) urged the Government to take account of the anecdotal evidence which became available to MPs from pharmacists who reported that patients could not afford all the items

prescribed for them and asked for only the more important ones to be dispensed. "The people who are coming to pharmacists and asking that question are the people in most need, and not the people who are able to increase their take-up of prescriptions or appliances under the health service".

Mr Willie Hamilton (Lab) again maintained that generic substitution and the "completely indefensible profits" made by the drug companies were two areas where saving on NHS expenditure could be made.

Mr Kenneth Clarke, the Health Minister, maintained that the case for the increased charges had been clearly established. "The Government is raising the level of spending on the NHS. We are therefore raising the charges for people who can afford to pay for some parts of the service."

□ **Mr Gordon Appelbe**, Head of the Pharmaceutical Society's Law Department told C&D he did not think the chemist had contravened the Code of Ethics.

Mr Appelbe said the only area in which pharmacist may have gone against the code was that covered by clause 1: "A high standard of professional conduct in pharmacy and an efficient pharmaceutical service for the general public is necessary in the public interest. Every pharmacist should play his part in providing such a service and should avoid any act or omission which would prejudice providing such a service or impair confidence in the pharmaceutical profession as a whole."

■ **As C&D went to Press** Labour MPs were attempting to limit to one year the period in which the Government is able to clawback any over-payment of fees made to pharmacists. An amendment to achieve this objective was moved by Mr Frank Dobson, a Labour spokesman on the Health Service, during the report stage of the Health and Social Security Bill.



P. Sheen

**"I thought you said we'd be getting a lot more sandwich students from the pharmacy department."**

## Sandwich call from Society

**Radical changes have been suggested by the Pharmaceutical Society's working party in its first report on education and training. Some of these have already come under attack from Bradford University (C&D last week, p828).**

The working party recommends that courses should be of the "thick" sandwich type. Students should spend two years at university or polytechnic, then one year in community and hospital pharmacy followed by a final year's study culminating in simultaneous graduation and registration.

Pharmacists entering community or hospital practice should undergo a further year's "vocational" training before being

eligible to assume sole responsibility for a registered pharmacy, says the report. The training could be funded by the "extra pharmacist" grant the PSNC hopes to negotiate with the Department of Health. However, the report says the requirement should not apply to pharmacists registered before its implementation.

The report is being sent to national pharmaceutical bodies and schools of pharmacy. The Society's regional committees and Scottish and Welsh Executives are being asked to convene meetings to discuss the report in the early Autumn so that comments can be submitted no later than November 1. Individual members and branches may also submit comments. The Society's Council is to consider the report once all comments have been received. The Council emphasises that the recommendations do not at this stage represent the Council's views.



## Charter choice: commercial or professional?

**The new contract proposals of the Pharmaceutical Services Negotiating Committee will give the profession a chance to decide whether it wants to go down the commercial or the professional road, says chief executive Alan Smith.**

Whichever road pharmacists' took, because of the new section on individualised overhead payments, they would be able to dedicate time and space accordingly and not be financially penalised, Mr Smith told members of the Southend Branch of the Society last week.

At present, in simple terms, 25 per cent of rent, rates, heating and lighting was paid into the balance sheet to cover dispensing overheads based on an average rent of £4,000. But some pharmacists paid an annual rent of £30,000 per annum while others devoted 5 per cent of shop space to dispensing in contrast to the health centre pharmacy's 100 per cent. However, all now got the same amount per script for overheads. "We think this is not only grossly unfair but a disservice to pharmacy," said Mr Smith. "The present system doesn't reward those pharmacists who devote time and space to NHS, it penalises them. That is surely a nonsense."

"If the DHSS's averaging system is statistically correct it won't cost the Department any more to pay pharmacists on an individual rather than an average basis. It is a duty of the PSNC and DHSS to make sure that repayments of costs are as close to 'actuals' as it is possible to get."

Mr Smith said it was also "a nonsense" that all pharmacists got the same additional pharmacists' allowance (8.8 per script) at present whether they employed one or not. The last inquiry had found pharmacies doing in excess of 80,000 scripts per annum with just one pharmacist. At the moment there was a financial incentive not to employ a second pharmacist.

"Those who take their professional responsibilities seriously and employ a second pharmacist should be reimbursed — those that don't, should not," he said. As professional people pharmacists should decide their own staffing levels and be paid on an individual basis.

Mr Smith was also sick of the accusations from doctors that pharmacists were only willing to provide their service when it was convenient and profitable, particularly in rural areas. Pharmacists should be willing to provide a collection and delivery service for



Unichem's Peter Dodd (centre) last week welcomed senior managers from Japan's major pharmaceutical firms to the company's head office in Chessington. Their study tour, sponsored by the Japan Pharmaceutical Manufacturers' Association, will also take them to Paris, Frankfurt, Milan, New York, San Francisco, Las Vegas, Washington and Ottawa

housebound patients but they must be paid for it. The same applied to out of hours service. Pharmacists, as keepers of the "medicine box", should be willing to give cover 365 days a year, 24 hours a day. "If our knowledge, training and expertise is essential between 9am and 6pm then it is just as essential for other periods."

"Our recommendation is that we should have a well remunerated statutory out of hours service worked out on a local basis." Any pharmacist who was not prepared to get out of his bed to provide an urgent service should be a grocer, said Mr Smith. He personally had provided such a service when he had owned eight pharmacies. It meant that he was called out at night on average twice a month. "It didn't kill me."

He then turned to the new notion of a "standard income per pharmacy". It was per pharmacy and not per pharmacist because he didn't think a contract purely with the pharmacist, and pharmacies only owned by pharmacists, would come in his lifetime.

Standard income per pharmacy would include a salary element assessment of what a pharmacist was worth on the open market based on a management consultants study (on decision length, qualifications, risk etc), and not on the figure generated by a suppressed notional salary figure as at present. To this would be added a return on capital invested, and a reward for entrepreneurial knowledge and business acumen — currently paid out as a pure profit element of 2 per cent — but paid out in future as a lump sum. The word "profit" could then be removed from negotiations.

The lump sum would comprise a higher Basic Practice Allowance than at present (probably doubled) and a graduated fee per script related to the period of treatment. Such a fee move would prevent a pharmacist's salary from being vulnerable to sudden increases in treatment period lengths, Mr Smith said.

Chairman of Macarthy's, Mr Alan Ritchie, challenged Mr Smith to justify

enhanced BPA. A business could be doing, say 500 scripts a month and be given a £6,000 BPA. "It creates a value in that business [goodwill] which the business is not worth by a rather phoney method."

It was also a "nice facile argument" to squeeze discount out of the wholesale system by reducing manufacturer-wholesaler margin, Mr Ritchie said. Only around half a wholesaler's customers now qualified for significant discounts. The remainder did not have any and the wholesaler had the benefit of retained discount. "Reduce that wholesale 'hometake' more and the service could be decimated."

Mr Smith said there would be a "stepping down" of BPA to avoid Mr Ritchie's phoney goodwill argument. And essential pharmacies would be topped up to full BPA from the ESP scheme to get the balance right at the bottom end.

Mr Smith said wholesalers could surcharge uneconomic accounts. "Then, come the next discount inquiry, you don't get money taken away from pharmacy, you get money added. Think about it!"

Later Mr Smith explained how he thought the additional pharmacists allowance might be paid out. Pharmacies dispensing 24,000-30,000 scripts per annum would get a quarter of the APA of not less than £14,000 (the 1984 notional pharmacists salary), increasing by a further quarter in 6,000 script bands up to 48,000 scripts per annum. Above that figure there would be an allowance for a third pharmacist. "But you have to employ one to get the allowance."

In response to a question from Mr Brant, Mr Smith said pharmacists would have to demonstrate the simultaneous involvement of a second pharmacist by signing a declaration of who the pharmacist was, his registered number, the hours of employment and rate of pay.

Mr Smith hoped the overheads inquiry just coming to a halt would generate new money — at least £8m per annum.



## New posts at Queen's confirmed

**The Senate of the Queen's University of Belfast has approved a second chair in pharmacy (pharmaceutics) and also a new lectureship in pharmaceutics held as a joint appointment with the Eastern Health and Social Services Board, both from October 1984.**

Professor D'Arcy informed the Council of the Pharmaceutical Society of Northern Ireland of the move at its April meeting. The president, Mr G.W. McGlaughlin, in turn conveyed the Council's congratulations to Professor D'Arcy on being awarded the Harrison memorial medal by the Pharmaceutical Society of Great Britain.

A letter was received from the Committee on Safety of Medicines in reply to a complaint from the Society concerning the lack of information available to practising health professionals. The CSM suggested adding the PSNI to the list of relevant professional bodies who are informed by telephone immediately an announcement of urgent action is made by the licensing authority or a pharmaceutical company. Information is already telephoned to drug information centres.

At the Ethical and Law Committee meeting on April 16 a start was made on revising the Society's Statement on Matter of Professional Conduct.

Following the annual dinner and election of officers of the Lurgan, Portadown and Armagh Branch of the Society on April 9 the committee is: chairman Mr R.E. McWilliams, vice-chairman Mr R. Duke, secretary Mr R.H. Caughey, other officers Mr M.V.A. Napier, Mr J. McConville.

The following have been elected at the annual meeting of the North and mid-Antrim Branch: chairman Mr S. Smyth, vice-chairman Mr S. Simpson, secretary Mrs Sally Craig, committee Mr. D.

## Public blind to specs Bill

**Only 3 per cent of the public realise that the Government plans to allow unqualified persons to supply spectacles, according to a Taylor Nelson survey. And less than half the population are aware of any proposed changes to the regulations.**

According to the survey, published last week, 92 per cent of the public say they

Morrison, Mr A. Mathewson, Mr E. Gillan.

The application of Alan William Todd, 13 Hambleden Park, Quarterlands Road, Drumbeg, Dunmurry, for registration as a student was granted. The application of Mrs Vervain McGlaughlin for the restoration of her name to the Register of Pharmaceutical Chemists was granted on the motion of R.G. Dillon.

The report of the Finance and House Committee was adopted. It included the recommendation that an estimate from the Northern Ireland Electricity Service to install Economy 7 Heating in the office should be accepted.

The name of Miss M.J. Watson was submitted for consideration when appointments were being made to the Veterinary Products Committee.

A number of letters received from guests who attended the dinner held on March 21 thanked the Council for an enjoyable evening. The president thanked those who had contributed to the success of the affair.

The President reported on the weekend school held by the Guild of Hospital Pharmacists at the New University of Ulster at Coleraine from April 6-8. The theme of the school was "Trauma", and it was attended by 180 hospital pharmacists including Mr C. Hitchings (president PSGB). Following the excellent professional sessions the social events were enthusiastically supported and enjoyed by all. He also reported on the pre-registration tutors seminar held in the Society's House on April 18. About 30 members attended. The president thanked Mr J. Speers and Mr R. Markwell who gave interesting and informative talks on pre-registration training in general practice and hospital pharmacy respectively.

The pre-registration courses held at the Beeches by the Staffs Council and at the Society's House by Drs Booth and Jones were well attended and proved useful to the students. At the meeting which was held at the Postgraduate Centre, Waveney Hospital, Ballymena an interesting talk on "Incontinence" was given by Mr T. McKeown of Coloplast.

would not consider going to an unqualified dispensing optician. The public also feels unqualified persons should not call themselves opticians, and that a distinction should be made between qualified opticians and unqualified persons, says the Taylor Nelson research.

The survey was commissioned by the Federation of Optical Corporate Bodies and was conducted in March and April.

The Health and Social Security Bill for the proposed changes had its report stage and third reading set for May 2, as C&D went to press, says the Federation.

## Amnesty offered on Ventolin

**Any pharmacists who have dealt in Ventolin inhalers packaged in allegedly counterfeit cartons are invited – in an advertisement on p858 to give Allen & Hanburys Ltd an undertaking that they will not do so again, or face possible court action.**

Allen & Hanburys and their associate companies over the past few months have been involved in High Court actions against companies and individuals alleged to have been involved, on a commercial scale, with the distribution and sale of foreign sourced Ventolin in "counterfeit" cartons. In actions that have been settled on terms acceptable to them, Allen & Hanburys have required the defendants to disclose a list of all those pharmacists and other persons to whom such cartons have been supplied for resale.

The amnesty offered by the company allows persons involved up to the date of the advertisement to give the undertaking required. Allen & Hanburys say they retain the right to "pursue their full legal rights" against any pharmacists who continue to deal in counterfeit cartons after that date.

## 'Hay-level' results

**A survey of schoolchildren has shown that hayfever affects performance in A level exams but not in O levels.**

There was found to be a direct relationship between satisfactory treatment for hayfever and the achievement of A level results that were as good as or better than expected in a sample of 127 pupils. Candidates who performed less well than expected (nearly 43 per cent of the males) were significantly less likely to be satisfied with their hayfever treatment. In contrast, O level results were little affected by hayfever. Commenting on this finding, Dr Peter Borge, a consultant allergist, said a possible explanation could be that because A levels were more stressful hayfever symptoms became more distracting.

Tablets, inhalers and injections were found to be equally useful forms of treatment and the drowsiness from antihistamines did not significantly affect performance.

Another survey of 228 pupils aged 13-15 revealed that 42 per cent felt their schoolwork was affected by hayfever, while 45 per cent said their leisure was affected. Tablets were the most popular treatment.

The surveys were sponsored by Merrell Pharmaceuticals Ltd.

## GMSC deputy quits RDC over local shop

**Dr Michael Wilson, deputy chairman of the General Medical Services Committee, has resigned from the Rural Dispensing Committee following a pharmacist's application to open a shop in his practice area.**

Mr Stephen Churnin, from Beverley, North Humberside, has applied for consent to open a pharmacy in Strensall. The proposal has been approved by North Yorkshire FPC's dispensing subcommittee, and the 30 day period for comment by interested parties ends next week.

Dr Wilson has resigned because of his strong personal interest in the case, which will shortly be going before the RDC. In comments to the local paper, the *Yorkshire Evening Press*, he stresses the practice is not anti-pharmacy, and was not seeking a monopoly for the sake of income, but because it wanted to retain a valuable service to patients.

However the newspaper also reports that the owner of the property which was to be converted to a pharmacy has withdrawn his offer "so that the practice will not be upset." Even so the application can go ahead, and if permission is granted, it can be transferred to another premises in the vicinity.

Strensall is situated a few miles north of York. In 1971 it had a population of around 1,500, but has grown considerably since then with an increase in housing accommodation. There is also a large army camp near by.

## Tariff update

Until now, the Drug Tariff price updates included in the Generics section of the monthly Price List have been less "up to date" than we would have wished, due entirely to the time of the month at which they usually become available. However, this week sees the introduction of a faster service through the weekly Price Supplement.

The April Tariff amendments, with the co-operation of the Pharmaceutical Services Negotiating Committee, are published on the last page of the Supplement enclosed with this issue. They refer to the C&D Generics List (blue stiff cover) which subscribers should have received last month and which may be amended to provide a permanent record. The prices apply only to England and Wales.

## Hair raising

The things that happen to our hair! And I'm not thinking of things done for enhancement by the loving owners, like bleaching, dyeing, tinting, perming, straightening, washing, combing and replanting. (Question: Does the balding fair-headed gentleman who goes in for a transplant end up with a flourishing circle of dark curly hairs on the previously bald spot?) But enough of this innocent curiosity as to where the transplant hair comes from. Back to serious matters.

I started this speculation when reading that Johnson & Johnson are to bring out a new shampoo, this one to cater for the needs of women over 40. This is because 57 per cent of women are over that age and, have more disposable income than their younger sisters. QED. Therefore they need a special shampoo, particularly as the 60 per cent of them who work, find their mortgages less of a burden.

With this kind of logic, is it surprising to discover that as we age, our hair becomes more brittle, our natural oils diminish and the hair loses its natural lustre? Naturally, once this startling information was brought to light our benefactors simply *had* to do something about it and with true sympathy for the poor suffering ... sorry, the better-off suffering 57 per cent of women, have produced a shampoo, lovingly called "Empathy". Yuk!

I feel Beechams have missed out badly here. Let's hope they buck up their ideas and leap to the aid of the 57 per cent of men over 40 with a new hair-fortifying shampoo to be called ... "Phyllosham?"

## NPA success

I told you so! I knew it would have an effect. Thank goodness the NPA listened to me and went ahead with the campaign despite those splendid individualists who thought they were doing well enough on their own thank you very much. It must be a great comfort to poor Tim of St Albans to have my guidance. Perhaps, but putting aside this uncharacteristic immodesty, let's admit we looked for, and have seen, an improvement in the way people use us. Better than we had a right to expect for such a modest outlay.

I have had a marked increase in inquiries for the pharmacist, not only from the younger women with kids, but from older women and men who would not in the past have dreamed of talking to us. What's more, as these intelligent people weigh up our advice in the light of their own experience, they say they are grateful and

return again. Our contribution is recognised.

It might be worth while for us to aim our programme more positively this year, with a view to emphasising the need for a continued pharmacist presence in the High Street, the suburbs, and in the small towns and villages of this land. And harp, *ad nauseam*, on about what the loss of a pharmacist would mean to the community. Who would answer those questions on chemicals for example? We are the only qualified profession so uniquely available to the public, able to advise on a phenomenally wide range of subjects. So far we have done pretty well for our £50. We have to go on building for real prestige.

## Packaging

I'm impressed by the superb packaging shown in the several pages of adverts by Vestric. But I am sad that we seem to have settled into a permanent three-way battle for an identifiably different brand image for good products which may be bought only from pharmacies.

In the grocery field, the independents appear to combat the big chains from only two group images, whose numbers in each must be considerably more than the grand total of all pharmacies. I suppose with Boots a national brand leader from 1,200 stores it might be assumed that two or three thousand outlets would be enough to create an image? Perhaps, but I think we are being well and truly manipulated by the bigger operators, and not to our individual or joint advantage.

But never mind, wasn't the Society going to save the day, in October 1983 if I remember rightly, by giving us a splendid new Logo to identify with? A tortoise rolling a pill perhaps?

## Wrong

Last week I had a moan about inadequate margins given by some companies on products which need our professional input. Because of the rotten delivery times of first class mail, the article was not received by the editor and had to be dictated, which led to a minor slip.

I said that I would not in future stock any such product unless, in addition to the normal 25 per cent POR, it also included a fee element ... not free, since the whole point of what I wrote was to eliminate the manufacturers' arm twist of bunce or bonus needed to bring the price down to an acceptable level.

Sunshine makes everyone feel good. Thank goodness! My sales of sunglasses and sun creams (and flykiller) have broken Easter records.



# What's wrong with the youth of today?



Spots. Most teenagers suffer from them at some stage. But they can be avoided.

That's why ICI introduced its new range of 'Cepton' skin cleansers. There's a Skin Wash, a Medicated Lotion and an antiseptic Clear Gel, for every-day skin care.

In the coming months Cepton will feature in an advertising and promotional

campaign aimed directly at the target youth audience. The campaign features:

- Full page colour ads in major teenage magazines
- 60-second commercials and sponsored programmes on Radio Luxembourg
- Free Trial Offer 50 ml Skin Wash with 150 ml bottle of Medicated Lotion (starting April)



## Stock up with Cepton. Spot the difference.

# Cepton



## TCP antiseptic cream to fill market gap

A first aid antiseptic cream is being launched under the TCP banner. Research has found that when TCP liquid is used for first aid many consumers follow this up with either a dab of TCP ointment or a competitive cream. By launching an antiseptic cream with a cosmetic appeal the company believes it is filling a gap in the market.

Easily absorbable the white cream (30g,



**TCP first aid antiseptic cream available in two sizes 30g (£0.63) and 60g (£0.99)**

£0.63, 60g £0.99) does not have the usual strong TCP scent. It contains the TCP antiseptic ingredient, chloroxylenol 0.5 per cent w/w and triclosan 0.3 per cent w/w. Packaging is in the TCP blue livery with red letters on a white background to distinguish it from the ointment.

Initial orders will be supplied in outers of 12. Bonus details are available from the Chemist Brokers salesforce. A £200,000 advertising campaign in the national Press and women's magazines will carry the

copying. The best thing since TCP and the cream will be promoted via the TV commercial for TCP liquid, due to break nationally at the end of June. Distributors are Chemist Brokers, Copsem Lane, Esher Surrey KT10 9EP.

## Dixel savings on fuel bills

British Tissues are offering Dixcel consumers a £5 saving on their next electricity bill, in the form of free electricity stamps. Consumers can obtain up to £5 worth of stamps in exchange for wrappers from Dixcel kitchen towels, or boxed tissues.

The offer is currently being supported in national newspapers, colour supplements and womens' magazines.

To obtain each £1 stamp, consumers have to collect seven wrappers and send them off with the coupon featured in the Press advertisement and on POS material. The offer is limited to £5 worth of stamps per household. Closing date is July 21. British Tissues Ltd, 101 Whitby Road, Slough, SL1 3DT.

## Skincare the Rubinstein way

Rubinstein are introducing a day cream Ville et Sport (£8.95) which, they claim, both protects the skin and repairs the epidermal cells damaged by sunlight. It contains a complex derived from bacteria, jojoba oil and sodium caboxylate pyrrolidone and comes in three shades — rose, dore and bronze and a colourless naturel. It will help keep the skin supple and youthful looking say Helena Rubinstein Ltd, Central Avenue, West Molesey Surrey KT8 9RB.



A four-week national advertising campaign for Haze Pomander breaks May 7. The commercial features Basil Brush outwitting a pack of hounds with the aid of the pomander. Reckitt Products, Reckitt House, Stoneferry Road, Hull HV8 7DS.

## Sebamed additions

A cream and a lotion have been added to A H Robins Sebamed range.

The cream (60ml £4.99) is a protective and naturally active product for the care of sensitive and dry skin, say Robins. It replaces the natural oil content of the skin and stabilises the "protective acid mantle" of the skin at its normal pH of 5.5.

The lotion (200ml £2.99) moisturises and soothes, and is an ideal body lotion and facial cleanser for sensitive skin, they say.

The advertising and promotional budget for the range this year is over £200,000, with emphasis being placed on an all-year-round women's Press campaign featuring all the products. So far this year Sebamed bar and liquid sales have shown a three-fold increase over the same period last year, say Robins. A 500ml size of the liquid (£5.75) is now available. A H Robins Co Ltd, Langhurst, Horsham West Sussex RH13 3QP.

# 3x

## MORE PROFIT

- **Enterosan** can give you up to **3X** more profit than liquid Kaolin and Morphine
- Convenient tablet presentation
- Contains Belladonna for extra relief
- National advertising campaign — so there's sure to be a big demand

**Order now from your  
Ashe representative  
or from your wholesaler**

Sole distributor  
David Anthony Pharmaceuticals Ltd







# NEW TCP<sup>\*</sup> LAUNCH!

**Blast-off!** New TCP<sup>\*</sup> First Aid Antiseptic Cream.

**Assignment** Scheduled for cuts and grazes, bites and stings, spots, blisters, minor burns. Also for use as an antiseptic hand cream.

**Destination** Programmed for orbit into millions of family homes and holiday locations.

**Propellant Fuel** Powerful concentrated advertising in MIRROR, SUN, STAR, DAILY MAIL, backed by TV TIMES, GOOD HOUSEKEEPING, IDEAL HOME.

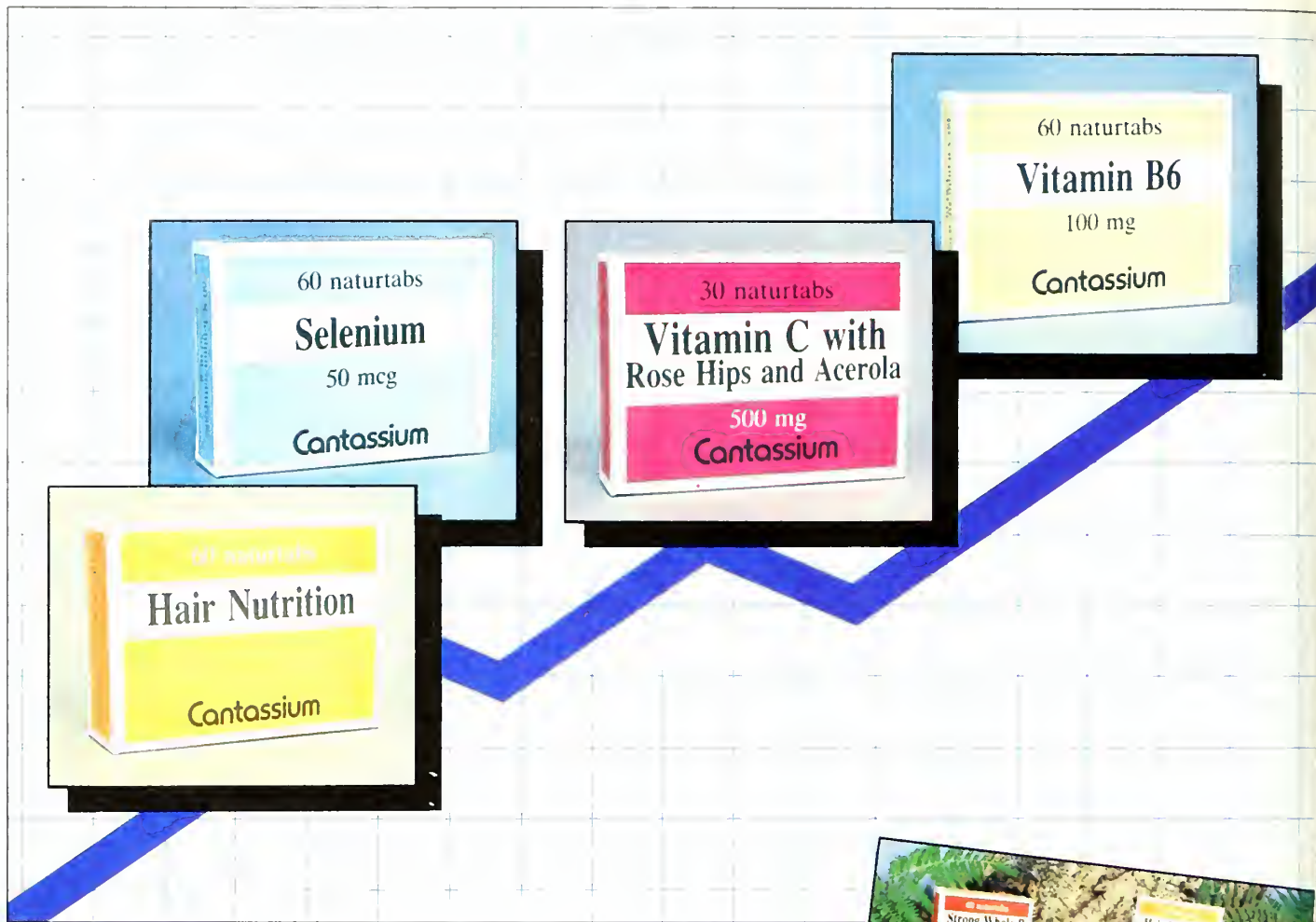
**Countdown starting now!** Stock up and stand by...



**Chemist  
Brokers**

Milburn, Copsem Lane,  
Esher, Surrey KT10 9EP  
Telephone: 0372 66891

\*TCP is a registered Trademark



## Cantassium NATURTABS

### All the Vitamins you need

As a busy Pharmacist you don't have to worry about your vitamin and mineral sales if you stock Cantassium Naturtabs. Your customers know about the purity and value already. We have told them in our advertising. And the message is re-inforced on the eye-catching blister packs which carry the unique symbols for health as a guarantee.



Conceived as foods, with a comprehensive range, Cantassium Naturtabs give good profit margins and there is dietary information and point of sale material available too.

Put Cantassium on the shelf and see the results in healthy profits.

Technical back-up is available on 01-870 0971 from Pharmacists Dr Robert Woodward and Roger Baxter.

## You can depend on DENDRON

Sole Distributors Dendron Limited

Dendron Limited 94 Rickmansworth Road Watford Herts WD1 7JJ (0923 29251)



## Watching the women's Press

The following column lists advertisements for feminist merchandise due to appear in the women's Press. The magazines used as a basis have been divided into three categories: weeklies (W), monthlies (M) and magazines aimed at the younger end of the market (Y). The monthly magazines covered are the June editions due to appear mid-May.

Berto Culver:	Y
Double Amplex:	W,M
Sucron:	W,M
Vitapointe:	W,M
Boyliss:	Y
Beauty Basics Daen:	Y
Bechams Germaloids:	W,M
Germolene:	W,M
Quickies:	W,M,Y
oker Health:	Y
water Scott Andrex:	M
Bodyform:	Y
Minima:	Y
ish Tissues Dixcel:	M,Y
ter Wallace Discover 2:	Y
Nair:	Y
Pearl Drops:	Y
attam Mudd:	W
Sun-In:	Y
efaro Bergasol:	W,M,Y
Confirm:	Y
esebrough-Ponds	
Cutex:	W
cocoa butter:	W
Hawaiian Tropic:	M,Y
omas Christy skincare:	M,Y
arins:	M
olgate Palmolive	
Soft & Gentle:	W,M,Y
olson & Kay Piz Buin:	M
ombe Lanacane:	W,M
oncept Helancyl:	M
Klorane:	W,M,Y
rookes Complete Care:	W
Femfresh:	W
ussions:	W,M
uxson Gerrard	
Carnation corn caps:	W
DD Blisteze:	Y
Dentinox:	Y
Medijel:	W,Y
Stain Devils:	W,M
ida Gibbs Mentadent P:	M
Timotei:	M,Y
Wood Nymph:	M
sthetic cosmetics:	M
vian mist spray:	M
ylure 10-0-6:	Y
arley Health:	M
einzbabyfood:	W
Slimway products:	W
CC Anbesol:	M

Bisodol:	W
Preparation H:	M
Innox:	W,Y
Jo-ba:	M,Y
I&J Stayfree:	W
Vespre:	M,Y
Kimberly-Clarke Maxi-dry:	M
Lancome:	M
G R Lane quiet life:	W
trim line:	M
Larkhall Labs W5 tablets:	W
Lever Bros Frish:	M,Y
Lilia White Contour:	M,Y
Dr White's:	W
Lil-lets:	M,Y
Louis Marcel:	W,M
Max Factor:	M,Y
Mentholatum Stop 'n Grow:	Y
Milupa baby foods:	M
Miners:	Y
Neutrogena:	W
Nicholas Labs Almay:	M,Y
Nurse Harvey's:	M
L'Oreal Ambre Solaire:	M,Y
Belle Color:	W
Elseve:	M,Y
Free Style:	M
Peaudouce:	M
Pharmagen Pharmaton:	M
Proctor & Gamble Pampers:	M
Revlon:	M,Y
Nina Ricci:	M
Richards & Appleby	
Turtle Oil:	W,Y
Rigease Coty	
Sun Shimmers:	M
Robins Chapstick:	Y
Cough mixture:	M
Seba Med:	M
Searle Canderel:	W
Slimcea:	W
Smith & Nephew Nivea:	M,Y
Sterling Health Cymalon:	W,M
Delrosa:	M
Wet Ones:	M
Strenol EP tablets:	W,Y
Tampax:	W,Y
Thompson Aqua Ban:	W,M
Bran Slim:	Y
Slimline:	W,M,Y
Thornton & Ross Zoflora:	W
Vichy:	M,Y
Wella:	W,M,Y
Zena cosmetics:	Y

## Kodak savings

Vestric are offering seven Kodak cameras at "major savings" throughout May. They are the Kodamatic 950 (offer price £21.96), Kodamatic 930 (£13.43), Kodak Disc 3500 (£21.55), 4000 (£26.05) and 6000 (£32.64), Kodak Ektra 200 (£9.58) and Kodak Ektralite 400 (£14.79). Vestric Ltd, West Lane, Runcorn, Cheshire.



As the boom in sales of consumer goods that are directly or indirectly connected with exercise and fitness continues, Clairol have repackaged and renamed their beauty massager.

Carrying the name Clairol massage (£10.95), packaging will now carry photos with a health and fitness theme. The massager has two speed settings and comes with four attachments — muscle toner and relaxer, scalp massager, facial massager and anti-cellulite massager. Bristol-Myers Co Ltd, Stamford House, Station Road, Langley, Slough, Berks.

## Kirby-Warrick trio on bonus

Bonus terms are now available on the recently relaunched Tinaderm range, Lacto-calamine and Optimine — details available from Kirby-Warrick OTC reps.

Tinaderm is currently being supported by advertising in the national and women's Press and on local radio, while a press campaign is planned for Lacto-calamine in the May/August period and for Calamousse between June and August in *Honey*, *Look Now*, *19*, *Company* and *Over 21*.

Advertising for Babysafe sterilising tablets will run in *Mother & Baby*, *Your First Baby* and in the specialist press — *Midwife*, *Health Visitor* and *Community Nurse* — while a 30-second commercial will feature in a series of Audiovision education films to be shown nationally in health clinics, mothercraft classes and ante and post-natal wards. Kirby-Warrick Pharmaceuticals, Mildenhall, Bury St Edmunds, Suffolk.

## Tissues for Victor

Victor Mens Toiletries are introducing perfumed tissues in a multi-dispenser pack. Acqua Wipes (£2.45) come in a dispenser holding 60 tissues which are soaked in Acqua di Selva cologne. An introductory offer of three free packs with every 12 ordered, means the tissues can be sold at £1.95, and still show a 34 per cent profit on return. Victor Mens Toiletries Ltd, 153 Shepherds Bush Centre, London W12 8PP.

IMPORTANT NOTICE  
FROM ALLEN & HANBURY'S LIMITED

# Ventolin Inhalers

Pharmacists will be aware from having read their Trade Journals and the popular press that over the last few months Allen & Hanburys and its associate companies, Glaxo Group Limited and Glaxo Operations UK Limited, have brought High Court Actions against certain companies and individuals who have been involved on a commercial scale with the distribution and sale of foreign sourced Ventolin in counterfeit cartons. Several such actions have been settled on terms acceptable to Allen & Hanburys, one term common to all settlements being that the Defendant should disclose to Allen & Hanburys a list of all those pharmacists and other persons to whom he has supplied counterfeit cartons for resale.

It is clear that once Allen & Hanburys is in possession of such a list it would be entitled to

bring court proceedings against all those persons named. However, Allen & Hanburys as a company and Glaxo as a group recognise the pressures under which busy pharmacists must work and, in respect of those pharmacists in the lists mentioned above who have prior to the date of this advertisement been purchasing Ventolin in counterfeit cartons from suppliers, it is willing to accept undertakings from them that they will cease to do so rather than begin the court action which is otherwise available to it.

However, pharmacists should be aware that this practice on Allen & Hanburys' part extends only so far as to the publication of this advertisement and that it retains the right to pursue its full legal rights against any pharmacist who continues to deal in counterfeit cartons after the date hereof.



Allen & Hanburys Limited, Greenford, Middlesex UB6 0HB

Ventolin is a trade mark



## Emphasis put on anaesthetic

Beecham are to feature more strongly the local anaesthetic effect of Germolene antiseptic ointment in all advertising and promotional support material. This follows consumer research which found that while satisfied with the normal properties of antiseptic ointments and creams, consumers see the need for a local anaesthetic effect.

A £1/2m advertising campaign is about to break in the national and women's Press with the copyline "Nothing soothes the hurt like Germolene". For POS a new merchandiser holds six tubes and six large and 12 standard tins of the ointment.

A display retention scheme is available to retailers who are eligible for a specified amount of free stock if they keep the display on counter for a certain period of time. Germolene medicated footspray is currently available with 25 per cent extra free. *Beecham Proprietary Medicines, Beecham House, Great West Road, Brentford, Middx.*



Currently basking in the Corfu sunshine is Bernadine Swale seen here receiving a £250 holiday voucher, first prize in the Special Recipe Win a windfall competition. Presenting the prize is Gill Brown (right) from Dorsey Laboratories' advertising agency. Mrs Swale works at J.N. Murray, Egremont, Cumbria.

## A helping hand

Peaoudouce have agreed a sponsorship deal with the Pre-School Playgroups Association which will include funds to support the 8,000 'mother and toddler' groups established around the UK.

Support will include financial aid for leaflets and posters used by the Association and free product samples to the groups. *Peaoudouce (UK) Ltd, Lockfield Avenue, Brimsdown, Enfield, Middx EN3 7PX.*

*Chemist & Druggist 5 May 1984*



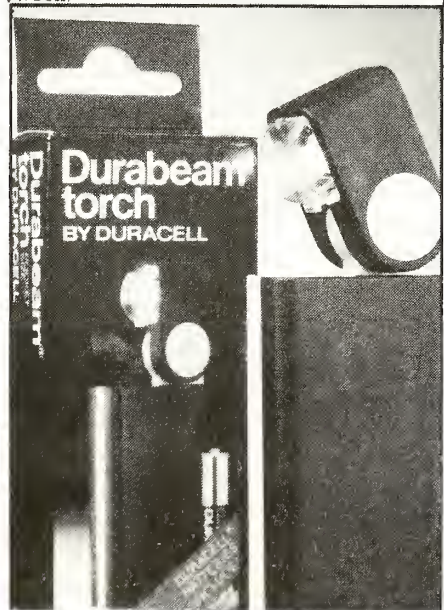
Wella have introduced four new shades to the Color Set range of temporary colours. They are dark brown, hazel brown, beige blonde and anthracite grey, each available in the 40ml size. Dark brown and anthracite grey also come in a 100ml size. Launch display packs contain 12 x 40ml bottles each of dark brown and anthracite grey and six bottles each of hazel brown and beige blonde. Price are unchanged.

At the same time, the complete range has been repackaged in a new cosmetic beige livery with individually coloured central ovals to aid shade selection. *Wella Great Britain, Wella Road, Basingstoke, Hants.*

## Summer Tweed

A new Summer fragrance under the Tweed banner will be the Ultra Cool range, comprising cologne stick (£1.99), cologne spray (£2.99) and cologne roll-on antiperspirant (£1.99). Dressed in the Tweed livery, a green band around the products will distinguish them. *Lentheric-Morny Ltd, Vale Road, Camberley, Surrey GU15 3AX*

Duracell's Durabeam torch has won one of 27 Design Council awards for 1984. Kenneth Grange, CBE, chairman of the judging panel, described the torch as "a compelling product." "One wants to hold it, use it, buy it," he said. The awards were presented by HRH The Duke of Edinburgh at a ceremony in London last week.



## Shulton keep up POS activity

A mini-stick deodorant is free to consumers with any purchase from the Blue Stratos range. A display unit of 24 mini-sticks is available to independent chemists and department stores to support the brand for Father's Day.

Boots will be offering a 125ml aftershave lotion together with a handbook detailing the events and TV coverage of the Olympics while in top Woolworth accounts and some chemist outlets a 125ml aftershave lotion will carry an offer of a free WMI 60m blank cassette. Other outlets will be running a "2 stick deodorants for the price of one" promotion.

Meanwhile a 40ml trial size of Old Spice shampoo will be available for £0.29 in merchandisers of 24. The standard shampoo will be on offer at £0.99 — a saving of £0.26 on the normal rsp. *Shulton (GB) Ltd, Alexandra Court, Wokingham, Berks.*

## Worth addition

Crème satinée body satin (125ml pot, £10.50) is the latest addition to the Je Reviens range. *Worth Perfumes Ltd, Magnolia House, 160 Thames Road, London W4 3RG.*

## ON TV NEXT WEEK

Ln London	WW Wales & West	We Westward
M Midlands	So South	B Border
Lc Lancs	NE North east	G Grampian
Y Yorkshire	A Anglia	E Eireann
Sc Scotland	U Ulster	CI Channel Is
Bt Breakfast Television		C4 Channel 4

Airbal Tobacco Clear:	C4
Alberto Balsam:	All areas
Cidal soap:	Bt, C4
Cocoa Butter:	Ln, Sc, So, A, B, G, Bt
Corimist:	M, Lc, Y, Sc, So, U
Cussons Pearl:	All areas
Cosifits:	All areas
Dirt Squad:	So, C4
Haze Pomander:	All areas
Hermesetas Gold:	All areas Bt, C4
Polydine antiseptic cream:	C4(M)
Pond's cream:	Ln, Sc, So, A, B, G, Bt
Radox:	All areas
Radox Showerfresh:	M, Y
Reactolite Rapide:	All except U
Simple soap & skincare:	Bt
Soft Step sandals:	All areas
Varta Energy 2000:	Ln, Y, So, U





This Bergasol unit, holds six tinted total blocks, 4 high protection facial tanning cream and four tinted facial tanning cream. The parcel, which normally costs £24.66, is being offered at a special trade price of £20.96 — a 36 per cent profit on return say *Chefaro Proprietaries Ltd, Cambridge Science Park, Milton Road, Cambridge.*

## Hints of freesia

Sun cream (SPF 10) and skin lotion have been added to the Taylor of London range. Both are lightly fragranced with a hint of freesia. The sun cream (50ml, £3.45) with a sun protection factor of 10 is suitable for the face and shoulders while the skin lotion (230ml, £3.75) has a non-sticky texture and is quickly absorbed by the skin, say *Taylor of London, The Dean, Alresford, Hants*

## Picture this

An on-pack free film promotion is being featured on Cussons baby powder throughout the Summer and Autumn, combined with a £1,000 "Bonny Baby" photo competition.

Over 200,000 display packs in the 250g and 450g sizes have been printed.

For two Cussons baby powder caps, customers can send for a free film, a £1 voucher towards processing and a competition form. The film offer closes November 30 while the competition remains open until January 1985. First prize is £500 with ten £50 runner-up awards. *Cussons (UK) Ltd, Kersal Vale, Manchester.*

## Yardley trio

A trio of offers each available to the consumer for £0.50 are currently being run by Yardley. It's a small world, says the company, which has introduced a range of 12 mini nail enamels (four are new). The new shades are peaches 'n cream, blackcurrant, simply red and blue moon. For the lips there is a range of 12 mini lipsticks and for the eyes 12 shades of single rich glow eyeshadow. *Yardley of London, 33 Old Bond Street, London W1.*

## Deal offered on flu jabs

**Pharmacists are being given a special offer on Evans Fluvin flu jab which can be used to persuade GPs to place orders with them.**

During May only Evans are offering pharmacists a discount on Fluvin and a guarantee that all orders places in May will be delivered in September. The discount will be on a sliding scale from 10-15 per cent, with further discounts on orders of 500 plus of the 0.5ml syringe. Evans will also provide a "flu kit" consisting of posters, consent forms, swabs etc, which can be passed on to GPs.

Evans will not be supplying Fluvin direct to GPs and are urging pharmacists to talk to local doctors and sell them Fluvin. The special offer can be used by pharmacists to persuade GPs to place orders, say Evans.

An advertising campaign breaks early this month in the *British Medical Journal* and will inform GPs that community pharmacists will be offering a special deal. The promotion has the theme "Join the British fight against flu" — Evans say Fluvin is the only pure British flu vaccine.

Further details of the offer are available through local wholesalers. *Evans Medical Ltd, The Old Post House, London End, Beaconsfield, Bucks HP9 2JH.*

## Large bag stoma system

A two-piece post-operative colostomy system, combining Eschmann's Seel-a-peel peristomal wafers with a large capacity drainable bag, has been developed by Eschmann's healthcare division.

The Beta post-operative system offers two bag sizes — medium for stomas up to 57mm and large for stomas up to 90mm — so that the appliance can be used for all new stomas, including large transverse stomas. As the post-operative stoma is large and the area of skin requiring protection is that much greater, a 150mm Seel-a-peel square is provided. This can be cut to the correct size and bonded to the adhesive flange on the bag to provide a secure, leak-free seal. The incidence of excoriated skin is thus reduced.

Additional features are the rustle-free, clear bags providing a view of the stoma, and the Eschmann plug-in filter system for automatic control of flatus. Beta post-operative appliances are available in theatre packs comprising a single bag with filter,

clamp and Seel-a-peel square (4 £12.25 trade) or ward packs comprising 20 bags and filters and one clamp (20, £16.10). Both are prescribable on form FP10. *Eschmann healthcare division, Peter Road, Lancing, West Sussex BN15 8TJ.*

## Canesten-HC cream

**Manufacturer** Bayer UK Ltd, Bayer House, Newbury, Berks.

**Description** White cream containing 1 per cent clotrimazole and 1 per cent hydrocortisone.

**Indications** Skin infections due to dermatophytes, yeasts, moulds and other fungi, where co-existing symptoms of inflammation require rapid relief.

**Administration** Apply thinly and evenly to affected area twice daily and rub gently.

**Contraindications, warnings etc** Hypersensitivity to ingredients.

**Side effects and precautions** Use with care in children and infants where cream is applied to large areas or under an occlusive dressing. Continuous or prolonged use should not be necessary. Should not be used extensively in pregnancy.

**Packs** 30g (basic NHS £3.18).

**Supply restrictions** Prescription only. **Issued** May 1984.

## BRIEFS

**80g Difflam:** Difflam cream is now available in 80g tubes (£5 trade). *Carnegie Medical, 1 Morley Street, Loughborough, Leics LE11 1EP.*

**Neutrolactis transfer:** Neutrolactis tablets have been transferred from Wander to Sandoz and will be packaged in Sandoz style. *Sandoz Products Ltd, PO Box Horsforth No 4, Calverley lane, Horsforth, Leeds LS18 4RP.*

**Tagamet infusion:** Tagamet is now available as a pre-mixed infusion in small volume flexible containers for intravenous use. It contains 100mg cimetidine in 100ml 0.9 per cent sodium chloride. (20 x 200ml £39.60 trade). It should be protected from light except during use. *Smith Kline & French Laboratories Ltd, Welwyn Garden City, Herts AL7 1EY.*

**Volterol suppositories 12.5mg**

**correction:** This paediatric addition to the Volterol range is manufactured by Geigy Pharmaceuticals, as stated at the bottom of story, but not, unfortunately, in the opening sentence (*C&D* April 28, p810). The existing adult product will shortly be changed to incorporate the strength 100mg in the title.



# One million and five reasons why you should stock Sensodyne

**FOR MASSIVE £1 MILLION TV CAMPAIGN STARTS JUNE 4TH**

**1,000,001 Bigger National TV spend than last year.**

Featuring Sensodyne Search but promoting entire Sensodyne Toothbrush range. In London, TV campaign is also supported by Radio.

**1,000,002 Sensodyne is the fastest growing established brand.**

Sensodyne Toothbrushes have an unaltered growth record over many years – and 1984 is no exception!

**1,000,003 Sensodyne is the biggest advertiser to dentists.**

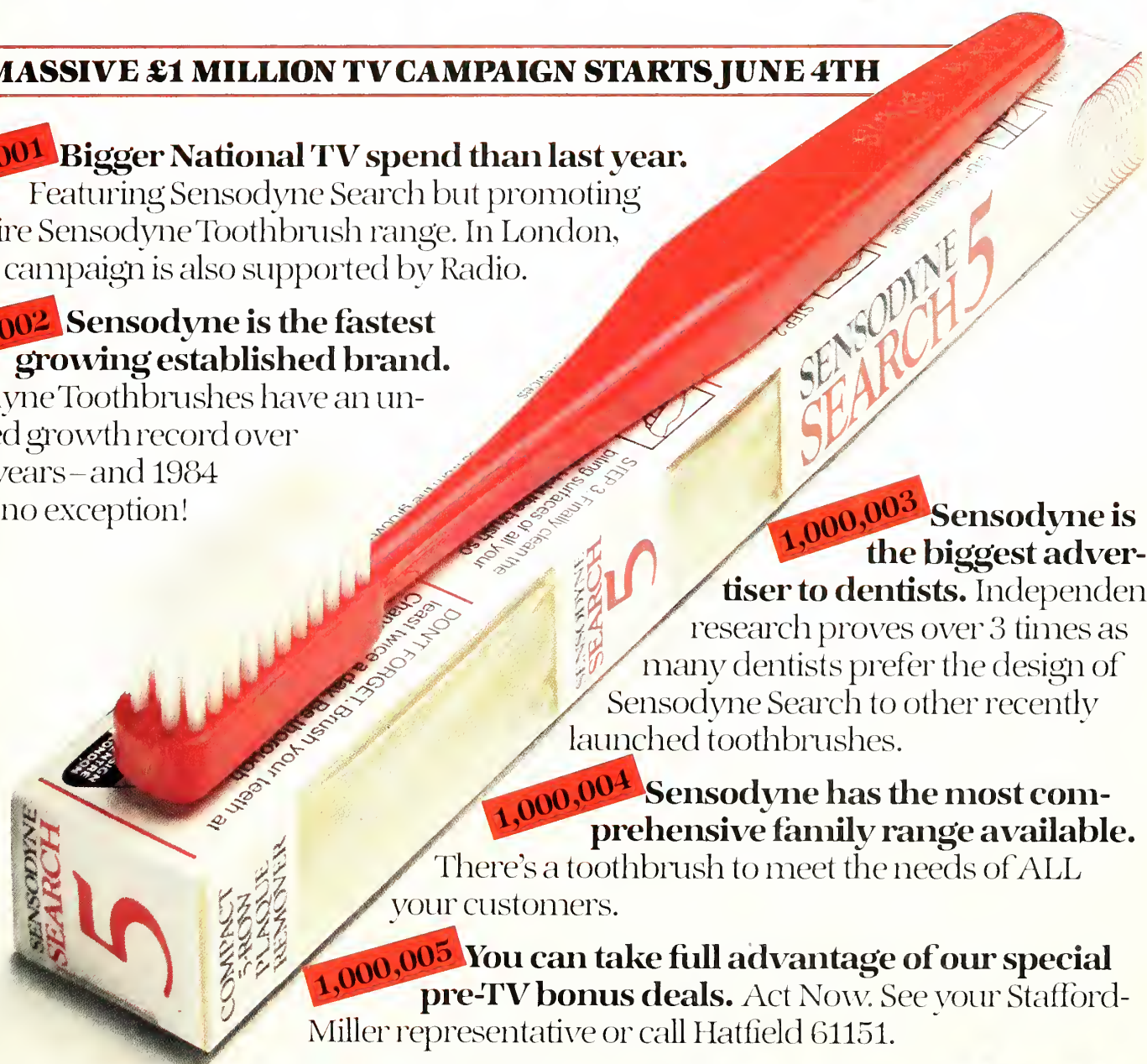
Independent research proves over 3 times as many dentists prefer the design of Sensodyne Search to other recently launched toothbrushes.

**1,000,004 Sensodyne has the most comprehensive family range available.**

There's a toothbrush to meet the needs of ALL your customers.

**1,000,005 You can take full advantage of our special pre-TV bonus deals. Act Now. See your Stafford-Miller representative or call Hatfield 61151.**

**Sensodyne Toothbrushes**  
Now bigger sales for even bigger profits.





# Everyone will know where to find relief from cystitis.

## CYSTITIS

### A COMMON PROBLEM

Cystitis is an inflammation of the bladder. It can occur at any age and

It has been estimated that half of all women will suffer from it sometime during their lives. And, unfortunately, once you've had it the first time, you're more likely to suffer repeated attacks.

Much of the pain of cystitis is due to the acidity of the urine which causes a burning sensation when you pass water.

Of course, drinking plenty and keeping warm can help.

## A BRAND NEW MEDICINE

To reduce the misery of cystitis you need to reduce the pain. That's why Sterling Health have developed Cymalon. It works by changing the acidity of the urine (it's known as alkalinising) and so relieves the discomfort.

By taking Cymalon, and following the other helpful advice you'll find in the pack, you'll soon start to feel better again. That's because with less acidity, the inflammation has a chance to subside.

Of course, the sooner you start taking Cymalon the sooner it can start working. So it's worth having a pack handy just in case.

## AVAILABLE ONLY AT CHEMISTS

Cymalon means that you can start treating cystitis symptoms as soon as they first appear. It's available from chemists without a prescription.

Each pack of Cymalon contains six sachets of powder.

You drink one of these mixed with water three times a day. The treatment lasts for two days and is easy and pleasant to take.

Even if your cystitis is caused by an infection and you need to see your doctor, you'll find that taking Cymalon will help to ease the pain until you can get to the surgery.

Cymalon means that at last you can treat your cystitis symptoms yourself. Right from the start.

And that has to be a relief in itself.

**SterlingHealth**

DON'T LET CYSTITIS  
MAKE YOUR LIFE A MISERY

# Millions of women suffer from cystitis.

## Now you needn't.

# Cymalon

effective relief from the symptoms of cystitis

complete 48 hour treatment

**SterlingHealth**

Cymalon

Cymalon is the first, complete 48 hour treatment specially developed for the symptoms of cystitis.

The six sachet course of Cymalon alkalinises the urine, providing effective relief from painful cystitis symptoms. And that's just what we're telling millions of cystitis sufferers with a £600,000 launch campaign appearing in all the leading women's magazines.

We'll be telling them, too, that Cymalon is only available from pharmacies.

And since interest and trial of Cymalon will be high, you'll be getting a lot of new business in an entirely new therapeutic area.

So cystitis sufferers won't be the only ones to be grateful for Cymalon.

**SterlingHealth**

Cymalon is a registered trademark



## A Kent pharmacist's case for importing

Many pharmacists choose to adopt the same negative attitude as the Press comparing the gains from parallel imports to those from wholesale or other discounts. In no way is this the case.

The government agrees, for reasons of its own, to pay drug companies prices controlled only by their overall profit level. These same prices (less negotiated discounts) are paid to chemist contractors. Those using parallel imports are not paid any more. Thus, there is no loss to the taxpayer or the government, but only to those companies who seek to enjoy the profit from far higher prices in this country than in the rest of the EEC. Do not forget that high prices are charged by three groups: British-based firms; Continental divisions of British companies, and Continental companies. Even if we need to subsidise English companies, why should we do the same for those based on the continent.

Chemist contractors have a dichotomy of interests — on one hand they are expected to be professional men with certain standards, and on the other they are businessmen who must make a profit from their activities to survive. With the squeeze on those profits and the insistence of the Department of Health that every penny realised by their entrepreneurial skills must be clawed back, many contractors have turned to parallel imports to ensure a reasonable return. It was not so long ago that larger companies were making profits from their buying power. Now that single contractors can do so it is not so well received.

### Two classes of importers.

Parallel importers fall into two classes. The first are those who obtain a wholesale licence and follow all the statutory import procedures. The others are the often-quoted "drugs in the boot merchants". The latter have always been outside the law and it is a matter of regret that the government has not seen fit to stop such activities. The former have as much control over the storage conditions, authenticity and possible product recall as any wholesaler. Very often their goods are packed in a superior manner to the English equivalent.

Let us now examine the various criticisms made against parallel imports:

**Labels in foreign languages.** In the

**Much has been written in the columns of the national and pharmaceutical Press condemning both parallel importers and those who use these products. Both their moral and professional standards have been questioned, often in the most abusive and vitriolic manner. PSNC member Peter Holman suspects that such criticism is encouraged by both industry and the Pharmaceutical Society, which should protect the interests of its members, but so often seems intent on prosecuting them.**

majority of cases single-unit dose forms are not dispensed in original packs. Therefore the directions on the prescription, and any additional warnings felt necessary by the pharmacist, are given whether English-origin drugs or parallel imports are used. It is interesting to note that 55 per cent of these parallel imports need additional labelling, according to the article in the *PJ* of March 7. Of these only 18 per cent had this information on the British manufacturers original packs — and almost all of that which did appear was confined to statutory warnings.



Peter Holman, a proprietor pharmacist from Bexley Heath, is a member of PSNC.

Of course when instruction leaflets are necessary (eg inhalers) the pharmacist must satisfy himself that the patient knows how to use the product. In the majority of cases these items are of long-term use where the patient is thoroughly conversant with the instructions and a further leaflet is unnecessary.

**Inferior packaging.** This is rubbish as Continental drugs are far more frequently blister-packed — a process which British manufacturers claim would add too much to the cost of their high-priced products!

**Poor quality.** Does any competent authority seriously suggest that another EEC government would allow the sale of inferior quality drugs to their population? Their standards are in every way equal to ours and in some cases better, eg the wide use of unit packaging.

**Different formulae or excipients.** The Association of the British Pharmaceutical Industry was approached about twelve months ago by the Department of Health and asked to list the differences in their drugs marketed here and abroad and to indicate whether patients might be affected. The ABPI refused to supply any such information. If there was any danger do you think they would have risked the consequences? The few that have differing formulae are in any case avoided by most users of parallel imports.

**Different presentation.** Some products, identical in formula, are indeed marketed on the continent in differing shapes, colours and forms. Sometimes manufacturers even give their products different trade names. Why should they do this unless it is to disguise the fact that equivalent products are sold at widely varying prices?

Britain is part of the Common Market where harmonisation is supposed to be both policy and one of the advantages. Why do manufacturers not harmonise their packs and products? In any case are patients upset by small differences in colour and shape? If they are it does not stop manufacturers from changing their presentations when it suits their convenience nor from withdrawing long standing products without any explanation.

We satisfy queries from patients as a matter of course when their generics change their appearance so we can do the same for parallel imports. Again most contractors avoid using those items which vary widely from the British.

**Legal requirements.** Often it is stated that parallel imports do not conform to legal requirements or are not what was prescribed because their continental name is different. To take an example — the Wellcome Foundation market co-trimoxazole as Septrin in this country and

*continued on p865*



# Now one capsule, once daily.



The dosage of Feldene has always been simple.  
Now it's even simpler. One Feldene 20 capsule  
once daily will suit most patients. The same dosage as  
before but in a single capsule.

With the vast majority of G.P.s currently prescribing  
Feldene, this new presentation represents a landmark  
in the treatment of arthritis with Feldene.

NEW

# Feldene<sup>\*</sup>20

piroxicam <sup>\*</sup>Trade Mark

## The power patients prefer.<sup>†</sup>

**Prescribing Information** Indications: rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, acute gout, acute musculoskeletal disorders. **Contraindications:** patients with active peptic ulceration or a history of recurrent ulceration. Hypersensitivity to the drug or in patients in whom aspirin or other non-steroidal anti-inflammatory drugs induce symptoms of asthma, rhinitis or urticaria. **Warnings:** the safety of Feldene used during pregnancy and lactation has not yet been established. Dosage recommendations and indications for use in children have not yet been established. **Side Effects:** Feldene is generally well tolerated. Gastro-intestinal symptoms are the most common. If peptic ulceration or gastro-intestinal bleeding occurs Feldene should be withdrawn. As with other non-steroidal anti-inflammatory agents, oedema mainly ankle and lower leg has been reported in a small percentage of patients; the possibility of precipitation of congestive cardiac failure in elderly patients or those with compromised cardiac function should therefore be borne in mind; various skin rashes have been reported. **Dosage:** in rheumatoid arthritis, osteoarthritis, ankylosing spondylitis - starting with 20mg as single daily dose; the majority of patients will be maintained on 20mg daily. In acute gout, start with a single dose of 40mg followed on the next 4-6 days with 20mg in single or divided doses; Feldene is not indicated for the long term management of gout. In acute musculoskeletal disorders, start with a loading dose of 40mg daily in single or divided doses for the first 2 days. For the remainder of the 7 to 14 day treatment period the dose should be reduced to 20mg daily. **Basic N.H.S. Cost:** capsule 10, pack of 60 £9.00 (P.L. 0057/0145) and capsules 20mg coded FEL 20, pack of 30 £9.00 (P.L. 0057/0146). **Full information on request.**

40067 **Pfizer** Pfizer Limited, Sandwich, Kent



continued from p863

call it Eusiprim on the Continent. The tablets are of the same strength, contain the same ingredients, are of the same efficacy and are produced by the same firm to the same standards. How can they be said to be any different and, if so, why have we not had a test case on this point?

One would not mind so much if the drug companies' methods were as pure as the driven snow, but in every case we find that their only concern is profit. Why else do they seek to influence every prescriber with the continual round of free lunches for doctors? Other inducements include payments for semi-bogus trials. It is well known that they give large discounts both directly and by way of free stock to dispensing doctors. Indeed some of these find their way back to the pharmacist who can still be offered 15-20 per cent discount even when the middleman and dispensing doctor have had their cut.

## Special deals

Hospitals are supplied at very low contract prices both to try to ensure brand loyalty and secure in the knowledge that their overall profit level is secure. Even community pharmacists are tempted to buy large quantities of retail packs because the bonus is so large that they are cheaper than the bulk packs for dispensing!!

**High prices.** Many reasons are advanced for the high prices of ethicals in this country — the most amusing was in the editorial of the *PJ* of March 17, which solemnly stated: "There is also the factor that consumption of medicines is much lower in Britain than in many other countries so that higher prices may be necessary". In the same week in the *Press* it was reported that medicine consumption in this country had never been higher! Perhaps we should promote a new slogan: "Take pills to beat the slump".

In the not too distant past drug prices tended to fall as research costs were recovered, but in recent years, even well

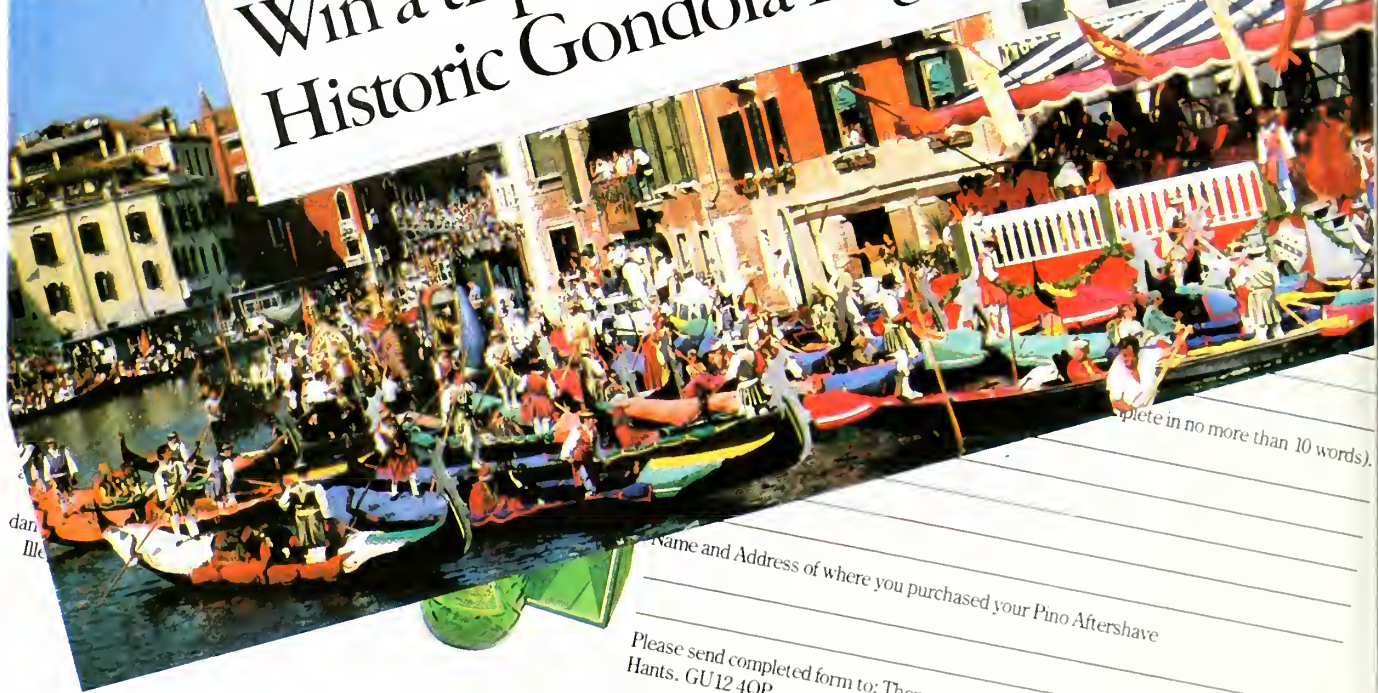
continued on p867



The most  
sensitive home  
pregnancy test  
you can find.



Win a trip to Venice for the  
Historic Gondola Regatta.



Name and Address of where you purchased your Pino Aftershave

Please send completed form to: Thomas Christy, Christy Estate, North Lane, Aldershot, Hants. GU12 4QP.

# Back a winner

The prize in the spectacular Pino Aftershave competition is a truly fresh experience.

The sights and sounds of Venice at its most romantic.

Your customer could win a 4 day holiday for two in a luxury hotel during the Gondola Regatta, plus £100.

The stockist that sells the winning entry wins exactly the same.

Isn't that a refreshing idea?

And with the support of our bright, eye-catching display material, you can be sure that there'll be plenty of demand.

So even if you don't win, you'll

have the compensation of increased sales.

Either way, you can't lose.

Stock up with Pino Aftershave now – it's odds on favourite.

Contact Maggie Ripley at Thomas Christy Ltd., Christy Estate, North Lane, Aldershot, Hants, GU12 4QP or phone Aldershot 29911.

**PINO**  
**SILVESTRE**  
It's a fresh experience.





Continued from p865

Established products have continually been raised in price above the level of inflation. When their profits rose above the agreed level the government used the PPRS to claw back the excess but the companies soon found that by splitting into two divisions (eg SD & Thomas Morson, Searle & Gold Cross etc) they could increase their allowances and retain all the profits. Thus despite increasing turnover and record profits little was now recovered by the PPRS.

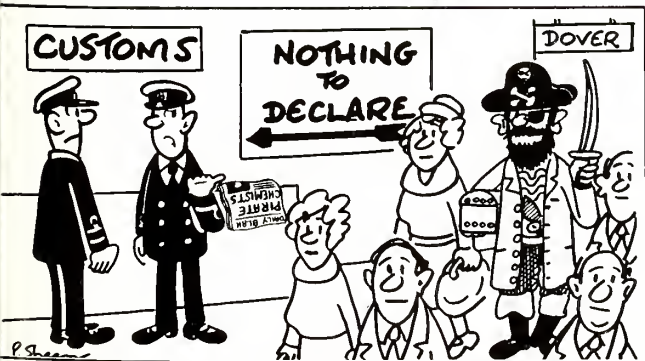
Now we have a situation where the price differences have become nothing short of ludicrous (20 per cent-70 per cent). The pharmaceutical industry is fighting a rear-guard action to justify and maintain them. Neither exchange rates nor price controls can explain away the differences, for no company is forced to sell in a non-profitable market. Even if price controls do exist they do not explain why new drugs are launched in other EEC countries at far lower prices. Other anti-PI propaganda is the possible loss of turnover and jobs. This certainly does not line up with the record export figures (and profits) declared for last year.

## Taxpayer benefits?

It is clear that but for the activities of parallel importers drug prices would have continued to rise. Instead we have had a price reduction of some 2½ per cent plus a price freeze. Has this not been of great benefit to the taxpayer? Yes — about £100 million sounds in a full year.

Finally we can only say that drug companies have exploited the weaknesses of the PPRS to the full to maximise their return. Now that some pharmacy contractors have used the situation created by this to increase a minimal profit, it is despicable that the government should threaten to take steps to claw back this increase because it will not tackle the problem at source. The remedy is in their hands for they alone have the powers to force drug prices down until it becomes uneconomic to parallel import. Just think how much more that would save

Continued on p868



"...mind you, I've got my doubts about this chap!"



## Make sure your customers can.

Now there's a new sensitive pregnancy test from Predictor.

The new formula Predictor has proven 98% accuracy just three days after a missed period but can give accurate results from only one day late.

This early accuracy is possible because pregnancy hormones and antibodies start to react immediately if the result is positive.

Predictor is sensitive enough to detect this change as early as the first day of a missed period.

To announce this new formula, Predictor will be advertising throughout the year, encouraging women to ask for Predictor by name.

So when they do, make sure you have the right answer.

# Predictor.

start in 1987.

the taxpayer — they might even have enough to stop screwing us for every penny they can!

Do not forget that the reduced level of profit for industry is still 21 per cent and, if this is exceeded by up to a further 21 per cent, it is conveniently ignored. Compare that to the 3 per cent pure profit for retail pharmacy which the Ministry is now trying to persuade the pharmacy review panel to reduce by some 50 per cent!

## ABPI puts case against and challenges Mr Holman

**The Association of the British Pharmaceutical Industry, naturally, takes a contrary view to Mr Holman (see p 863). Public affairs manager Peter Lumley says that, as the Association that represents pharmaceutical manufacturers in this country, it welcomes the opportunity to comment on his claims.**

The paucity of Mr Holman's argument is best demonstrated by the fact that only about 25 per cent of the article is used in an attempt to justify the case for parallel imports: the remainder is used to trot out well worn criticisms of pharmaceutical manufacturers.

He admits that some pharmacy contractors "have turned to parallel imports to ensure a reasonable return" and insists that this achieved at no extra cost to the taxpayer.

That may well be so but Mr Holman completely misleads when he claims that the 21 per cent price reduction and the price freeze imposed by the Government on pharmaceutical manufacturers last July "directly related to the activities of parallel importers" and that, as a consequence,

taxpayers have been saved £1.7 million in a full year. Taxpayers do not benefit in any way from parallel imports.

We publicly challenge Mr Holman to produce evidence to support this wholly mischievous statement and we are confident that the vast majority of community pharmacists will recognise it for what it is — utter nonsense.

He is also factually inaccurate in at least two other major respects. Firstly, he claims that pharmaceutical prices in this country are far higher "than in the rest of the EEC". That is not true. As this Association has consistently pointed out, parallel importing results from the fact that some prices in three major EEC countries, (ie Belgium, France and Italy) are lower than in the UK because the Governments in those countries impose stringent price control schemes that are the subject of complaints under the Treaty of Rome. Medicine prices in the UK generally are not out of line with those in Europe as a whole. That is why parallel importers concentrate their activities in Belgium, France and Italy and deal in products and presentations only on a highly selective basis.

In contrast, the case against parallel imports is overwhelming.

1. To provide patients with packs and instructions in a foreign language is obviously, unlawful, unprofessional and irresponsible. To argue that the users of inhalers can cope with instructions they cannot understand because they are already thoroughly conversant with those instructions negates the whole case for patient information.

### GPs growing concern.

2. The General Medical Services Committee of the British Medical Association has recently expressed concern at the growing number of reports from doctors about the dispensing of medicines with differently coloured tablets and capsules that those intended by the prescriber (C&D April 28 p 804). This situation must lead to a great deal of confusion among patients which, in turn, must mean that patients are being put at risk. It is for these reasons that the vast majority — possibly about 75 per cent — of community pharmacists in this country have refused to deal in parallel imports.

3. Quite apart from potential risks being imposed on patients, any further escalation in the volume of parallel imports coming into this country must, inevitably, damage Britain's pharmaceutical manufacturers and the traditional wholesalers. Now some community pharmacists may well say that is not their concern. But they must know that if the

traditional distribution system breaks down, they and their customers will suffer. Parallel importers generally deal on a very selective basis in fast-moving lines and in the most popular presentations of particular products. They are opportunists and do not pretend to give a comprehensive service.

### Industry's track record.

4. Some pharmacists will also argue that it is not their concern if British based manufacturers lose out to parallel importers. But the British pharmaceutical industry, in spite of what some of its critics might say, has provided enormous economic benefits to this country. It is one of the few industries that has been able to compete for world trade with the Americans, the Germans, the Japanese and the Swiss etc. It has consistently produced a balance of trade surplus — currently running at over £600 million a year — it has an enviable record in the research and development of major new medicines and it has an industrial relations record that is the envy of most other industries in this country.

A minority of pharmacists might succumb to the short-term temptation to make extra profit from parallel imports but, fortunately, the majority are wise enough to appreciate that if this country's ability to sustain a viable innovative pharmaceutical industry is seriously jeopardised, their medium and longer-term interests will also suffer in consequence. And so will that of their patients.

Finally, Mr Holman makes a great play of the profits and returns of UK pharmaceutical manufacturers. It is not immediately clear why parallel importers who are obviously trading to make as much profit out of the business as possible, should take such a jaundiced attitude towards profits made by manufacturers. But your readers should be aware that the Pharmaceutical Price Regulation Scheme gives the Government every opportunity to control manufacturers' profits and does ensure that taxpayers get value for money. The 21 per cent return on historic capital that has recently been mentioned in the public debate on pharmaceutical profits is not an entitlement. Many companies fail to achieve their profit targets, and, in fact, the real profit return on historic capital is nearer 17 per cent.

The clumsy attempt to equate manufacturers' returns on capital with the 3 per cent "pure" profit for retail pharmacy is spurious to say the least. Comparisons are only valid when you are comparing like with like.



# IT PAYS TO JOIN THE BRITISH FIGHT AGAINST FLU NOW!



Fluvirin, the only pure British Flu Vaccine, available from Evans Medical, is giving you the opportunity to call direct on your local GP's and boost your flu vaccine business for next winter.

Details of the package will be coming from your local wholesaler. It is full of powerful ammunition to encourage early commitment to an immunisation programme for "at risk patients".

During May only there is a special offer which includes a guarantee of supply

on all orders placed, and the Evans Flu Kit.

Talk to *all* your GP's now and join us in the BRITISH FIGHT AGAINST FLU in your local community.



Think  
British



**FLUVIRIN**

SURFACE  
ANTIGEN  
VACCINE

**The only pure British flu vaccine**

# Lady Jayne

## No.1 in Today's Haircare Market





Something pretty chic has happened to Lady Jayne.

Add impact to your sales with the highly successful Lady Jayne Hair fashion range of hair decorations and accessories. The most regularly purchased hair accessory range in the U.K.

'Sales have outstripped our wildest expectations, the new exciting Lady Jayne image has proved to be an outstanding success with customers, and will set the scene for our continued development of the U.K. haircare market.'

Michael Laughton,  
Managing Director.

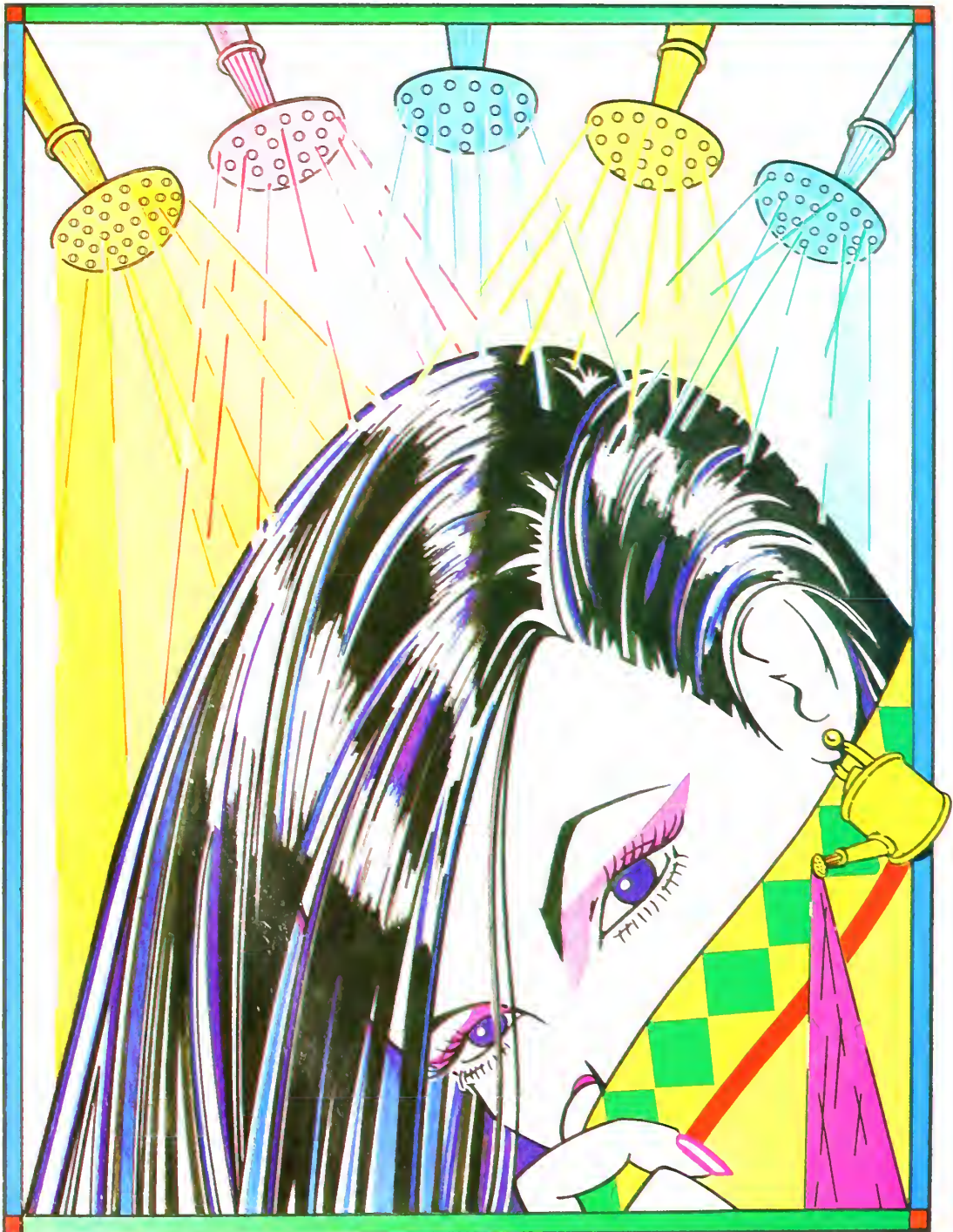
Lady Jayne is the number one choice for hair accessories in the U.K. Get the strength of the brand leader in your store.

Laughton and Sons  
Limited, Warstock  
Road, Birmingham  
Tel: 021-474 5201





# Youthful trends keep the market rosy and highlight way ahead





**Haircare is a market where most activity appears to be geared towards youth. It is a healthy market if the activity of the past year is anything to go by. And one where the emphasis continues to be on neatly groomed hair tied in with fitness and exercise for the body.**

**Young users, particularly, continue to be receptive to new ideas — hence the growth of markets such as mousse and hair gel. To meet such growth, manufacturers are increasingly able to adapt fast to meet the changing trends. It is important therefore that retailers make themselves aware of these market developments and adapt accordingly. To be left behind means lost sales.**

**Retail chemists have to stay with the market if they are going to be able to compete with the supermarket "one-stop" shopping ideal and the development of own-label lines. Be aware of what the competition is stocking. The multiples may well win on price but there are a large number of consumers still loyal to lines they would never consider stocking. This is where independents can make a name for themselves in their locality as the haircare outlet that cares.**

Improvements in technology continue to keep the shampoo market buoyant. And while more people wash their hair more often the market still has some way to go before reaching saturation point.

Shampoo is the most competitive sector in UK toiletries after toothpaste, with almost 100 brands in national distribution. Estimates as to market size by the various companies involved vary but they all agree it is worth between £101m-£113m at r.s.p. And they anticipate the market will continue to expand at a rate of 3 per cent per annum in volume terms.

The main factor keeping up the momentum in the market is the regular relaunch and updating of brands every two to three years. Over the past year there have been a number of new introductions with activity concentrated in the medicated sector and on lines for frequent hair washing.

Gillette entered the medicated sector in July last year launching Silkience anti-dandruff shampoo on the platform "Gets rid of dandruff without getting rid of shine."

The brandleader Head & Shoulders was also relaunched and given a milder image and in January Beechams entered the fray with the launch of Headlines, a twin-striped gel containing zinc pyrithione for dandruff control and a conditioning system. Not to be left out Elida Gibbs had by this time relaunched All Clear with the anti-dandruff ingredient octopirox.

While the cosmetics sector of the shampoo market has a 60:40 advantage in sales over the medicated sector there are far fewer brands in the latter and, until recently, a fair amount of consumer dissatisfaction with the harshness of the existing products. With this increased burst of activity in the sector and the advertising that goes hand-in-hand it will be a lively area to watch for the future.

In the cosmetics sector a plethora of products between them take market shares of 4-6 per cent with an array of other lines following on behind.

Not surprisingly the companies seem unable to agree on brandshares but the leading lines appear to be Silverkrin, Sunsilk, Timotei and Alberto VO5. Again, activity has been the keyword over recent months with the emphasis on frequent washing and mild variants. Elida estimate such shampoos could soon take a 15 per cent slice of the market.

New lines unveiled during the year were Timotei from Elida Gibbs, a mild shampoo for frequent use; Supersoft Once, a two-layered shampoo containing a mild shampoo on top and water softener beneath; L'Oreal's Frequence range of nature mild shampoos (to replace the Elseve range); the Wella Balsam "one wash" shampoo (together with a "no wait" conditioner) and — surely deserving a prize for the most unusual name — Max Factor with Jhirmack. All this activity is based on company efforts to adapt to the changing mood of the consumer. Current trends for healthy living and fitness mean more people are including a hairwash in their daily toilet routine — good news for manufacturers and retailers alike.

Whether J&J are starting a new burst of activity only time will tell. Following on from their children's shampoo and conditioner J&J only last week unveiled a new shampoo aimed at the over 40's woman who, they say, have differing requirements from a shampoo. Hair becomes more brittle with age while natural oils decrease and lustre and shine are not as strong. Empathy (200ml, £1.25) is intended to rectify these differences say J&J.

While the market is still receptive to new ideas it can only remain buoyant. Unable to stock the vast array of lines available retailers would do well to be selective, keeping an eye on new line introductions and bearing in mind the advertising support this usually involves. As the competition heats up for those precious brandshare points manufacturers at the end of the day know the battle will be won or lost on the retailer's shelves.



# RECENT RELEASES FROM WELLA

**FEB 83**

**NEW WET GEL.**  
Glossy look styling gel for fashion hair.

**FEB 83**

**NEW LOOK HAIRSPRAY.**  
The relaunch that put sales up 85%.

**JUN 83**

**NEW FASHION SHADES OF COLOUR CONFIDENCE.**  
Help put the brand up to its highest ever share.

**AUG 83**

**NEW COLOUR CONFIDENCE HAIR STREAKING KIT.**  
The first and best home high-lighting kit.

**SEP 83**

**NEW STYLITE CONDITIONING STYLING MOUSSE.**  
Top quality fashion brand from the No. 1 in setting lotions.

**MAR 84**

**NEW WELLA BALSAM.**  
One wash shampoo and no wait conditioner, natural based products for today's women.

**MAR 84**

**NEW SPRING SHADES OF COLOUR CONFIDENCE.**  
3 colours for this year's look.

**JUST OUT**

The biggest ever Well advertising spend featuring Stylite on national television.  
Wella Balsam, Colour Confidence and IQ are in top women's beauty magazines.  
P.S. This activity and your help have put sales up 40% this year.

**WELLA**  
Growing in style



**MAR 84**

**NEW STYLITE CONDITIONING STYLING GEL.**  
Firm but gentle styling support with conditioning effect.



## Ad support comes to a head

A £2.5m television advertising campaign is currently under way for **Beecham Headlines**.

**Johnson & Johnson** are supporting **Empathy**, their shampoo for the older woman, with a £3m launch programme. A national television and magazine advertising campaign commences in June and there will be a major sampling campaign in *Woman's Own*, *Woman's Weekly*, *Woman & Home* and *People's Friend*. For Johnson's children's hair conditioner a women's Press campaign will run from July through to September. On-pack activity will run on the baby shampoo later in the year. The rrp has been reduced to £1.38.

**L'Oreal** are currently supporting frequency nature mild shampoos in the women's Press and on TV.

From July 4.5m sachets of **Supersoft Once** will be distributed in a door-to-door drop followed by a £1.5m television advertising campaign during August.

A £750,000 Press campaign for **Wella Balsam** breaks in the May issues of *19*, *Honey*, *Cosmopolitan*, *Look Now*, *Options* and *Vogue* and will run until the end of the year. For IQ shampoo and conditioner, a 125ml IQ shampoo is currently banded with a conditioner of the same size retailing for £0.99 instead of the usual £2.01.

Relaunched in June with reduced retail



### Tenax from Roger & Gallet

prices **Corimist** has recently returned to the TV screens with a £600,000 advertising burst. A further campaign is planned for the Autumn. For Paletta a Summer camera and film promotion is planned.

Elida have earmarked £2.5m to advertise **Timotei** throughout the year. A £2m television campaign has just started.

With a second burst planned for later in the Summer women's Press advertising runs to the end of the year. Price-marked and extra value packs will be available to the trade throughout the year. A television and cinema campaign will support **Sunsilk** later in the year while **All Clear** anti-dandruff shampoo is currently being advertised on television and in the women's Press. Planned promotions include a twin-pack and price marked pack on the 150g size and a cash refund offer of £1 if consumers buy two packs. **Cream Silk** is also being advertised on TV throughout May backed up by door-to-door couponing and a range of introductory offers.

### HAIRCARE PARIS-STYLE!

Tenax meets the consumer demand for mild but effective shampoos and conditioners, say Roger & Gallet of Paris. The range comprises Tenax conditioning shampoo with lactoserum (200ml, £1.95), conditioning balm with arnica (100ml, £2.50) and hair styling gel in normal and super-hold variants (100ml, £2.25).

Merchandisers holding nine units are available to the trade (£11.43). There will also be a professional range for selected salon outlets.

### The shampoo market

	%
Head & Shoulders	11
Silkience beauty and anti-dandruff	5.3
Timotei	4.6
VO5	4.4
All Clear	4.4
Silvikrin	4.0
Sunsilk	3.5
(sterling)	



## Shining with health

### CONDITIONERS

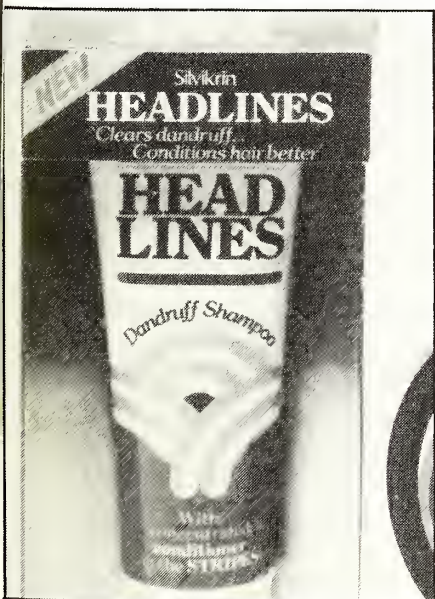
Worth in the region of £40m at rsp, Beecham estimate the conditioner market is growing at the rate of 10 per cent per annum in unit terms.

Such growth is continuing thanks to the rapid rise in the frequency of shampooing. Until the mid-seventies this presented few problems but as women began to wash their hair two or three times a week, with shampoo intended to be used no more than once a week, hair began to lose body, manageability and gloss. Instead of cutting down on shampooing the consumer began to use post-shampoo conditioners.

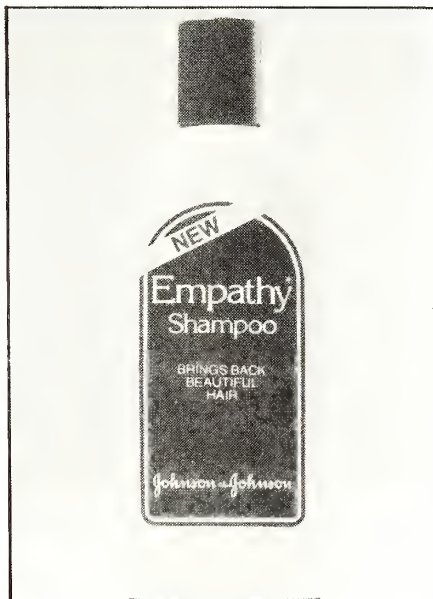
The conditioner sector is currently led by Silkience with Cream Silk coming in second. The latter was recently relaunched with five new formulations including one for use with anti-dandruff shampoos. National television advertising is currently supporting the range and 10m coupons are being delivered in a door-to-door drop. With the relaunch the 50ml size was discontinued as the trends towards larger literage continues.

### HAIRSPRAY

While static in volume terms, the hairspray sector is an area where loyalty remains strong and chemists continue to do well. Fashion currently dictates the fortunes of the hairspray market and it is currently benefitting from the trend towards more controlled styles. After a decade of decline this now appears to have bottomed out with the market currently worth £60-£69m at rsp. Elida Gibbs continue to dominate the market with Sunsilk and Harmony (19 and 16 per cent respectively) followed by Silvikrin (15 per cent), Elnett (10 per cent), Supersoft (9 per cent) and Bristows (6 per cent).



Headlines: a dandruff shampoo in a tube. A trend to watch for the future?



Women over 40 are the target market for Empathy. J&J's latest offering.



## PERMS

The soft option is proving the most popular in the home perm market, creating natural looking styles that vary from gentle waves to curls galore. And it is this area where most growth is to be found. The addition of Rave Body Only in June last year was designed to appeal to the first time user looking to add body to her hair. Overall, Rave now has a 13 per cent share of the £18m market while maintaining a commanding lead in the soft perm sector, say Chesebrough-Pond's.

Added to the Toni range of products is Lightwaves body & style said to last for up to eight weeks. Research, Gillette say, found that the target market for soft perms — women under the age of 35 — wanted a product that gave them a styling aid rather than a perm. The launch of Lightwaves under the Toni banner fulfills that need, say Gillette confidently, who claim a 30 per cent market share. Money-off coupons in the women's Press and on a door-to-door basis are currently supporting the launch.

Warner-Lambert report the introduction of a body waves variant into the Fashion Style range has further strengthened its position. They estimate, that in independent pharmacies Fashion Style takes 28 per cent of volume sales followed by Toni with 24 per cent and Poly Foam 12.2 per cent. Another recent relaunch was Pin Up by Elida to appeal to younger users. For support, women's Press advertising runs until the end of the month.

## COLOURANTS

Colourants are a sector of the market where the consumer may still not be too sure what she is looking for so it is an ideal area where the pharmacist can score heavily over the grocery trade. People still appear to be confused for instance as to which colourants wash out and which grow out.

Advice and assistance has certainly paid dividends to date in chemist sales say L'Oreal, who estimate the chemist now has a 51 per cent share of the market. As to market size, estimates vary from £37.7m to £48m, but it is generally accepted the market is growing. Beecham put this at 4 per cent per annum in unit terms — growth that is coming about due to a widening age profile of users who believe hair colour is as changeable as fashion accessories. Glints makes a great impact here and new colours are frequently added for up to the minute fashion appeal.

In order to appeal to these now, younger users, while still retaining the loyalty of existing users, Gillette have recently repackaged Casual while three new shades — burgundy, natural ash brown and golden blonde — have been added to the Wella Colour Confidence range. Meanwhile Elida are currently running a £150,000

women's Press campaign for Wood Nymph. Advertisements will include a £1 refund offer and there is a new counter display unit featuring the leaflet — "Go blonde the easy way" and an offer of a free make-up crayon. Plans are in the pipeline to develop the Harmony brand later in the year.

Poly hair colourants are showing volume growth say Warner Lambert. Poly Highlights the home hair highlighting kit launched last Autumn, has already notched up a 1 per cent sterling share of the total colourant market — with just one standard pack. The company is currently examining the possibility of a consumer advertising campaign for the brand.

The colourants range, they say, has also shown a growth in sterling share much of which can be attributed to Polytint.

A new television campaign for Polytint breaks June 4 to be screened in all areas except Scotland for four weeks. The company has just completed the production of four hair-care videos, one of which explains the benefits of the range to chemist assistants.

## MOUSSE AND GELS

What a difference a year makes! Looking back to the C&D haircare feature last year L'Oreal and LEC (with Free Style and Insette) were the only companies to have dipped their toes into this unknown and undeveloped market. Now, 12 months later it has been inundated with brands.

Companies that have since entered the market, estimated by Ashe Laboratories to be worth £7m at rrp and stand at 30m units by L'Oreal, include Wella with their Stylite mousse (125ml can, £2.27), Schwarzkopf with the Corimist styling mousse (100ml, £2.12), Alberto Culver with two variants in the VO5 range for normal and extra hold (100ml, £1.19) together with Jo-ba (150g, £1.79), French of London (150ml, £2.75), Bellair (75ml, £1.25), Althea conditioning mousse (75ml, £0.49, 200g, £1) from Midland Cosmetic Sales and Ashe Laboratories offering Forms (175ml, £1.95). Tesco too are having a go with an own-label line while Schwarzkopf are currently launching a conditioning mousse (150ml, £1.39) and Henara a mousse collection comprising shampoo (£2.95), conditioner (£2.95) and styling set (£2.75).

Such market growth is following two distinct trends towards either cheap or premium-priced products. Aware of these developments LEC recently updated Insette to keep up with the market they were instrumental in developing.

Gels, too, are making headway and are now worth £2m at rrp, say Ashe. The most recent addition is a colour setting gel from Henara (60g tube, £1.25) for highlights that wash out with the next shampoo. And there is no sign of activity slowing up. In fact more



Carefree styles are abundant among young women...

rustle can be anticipated over the forthcoming year as heavy promoting wins over more consumers convincing them mousse and gel should be an integral part of their haircare routine.

## ELECTRICALS

SEAMA — the Small Electrical Appliance Marketing Association — is confident that the buoyant haircare market will remain stable and healthy throughout 1984 worth around £38 million at rrp.

Hair dryers make up a large proportion of the market thanks to the success of pistol-grip dryers in recent years.

According to SEAMA market estimates hair dryers contribute £21 million to the total market value accounting for 1.3 million units. They believe pistol-grips have now reached a peak and are likely to level out at around 2.1m units per annum.

And the market continues to change. Modern consumers now demand speed from haircare appliances, hence companies are introducing 1,200, 1,400 and 1,500 watt dryer ranges, says SEAMA chairman, David Elliott. "The resulting wattage war between manufacturers seems now to be over with the broad base, being around 1,000-1,200 watts. There is now a major move to produce less noisy products whilst maintaining a high level of performance."

There has also been a positive trend towards products with dual voltage or universal elements.

Sales of styler dryers are predicted to rise slightly in 1984 with heated rollers, hot brushes and tongs remaining buoyant. Braun estimate the styler market now stands at 280,000 units. Hot brushes too have been particularly popular while tongs are making a comeback. The heated rollers market, currently worth £3.3m, is also expected to show some growth this year.

It is important to continue to support the market both in terms of advertising support and product development say SEAMA, to prompt consumers to continue to trade-up to new and different models.

Braun agree. Says Bengt Lotquist,

Chemist & Druggist 5 May 1984



marketing director, "We support the market with a substantial advertising spend and promotional programme, and invest considerable amounts of money in both product development and consumer research to ensure that our product range is target for this constantly changing, fashion related market."

Full details of the Pifco advertising campaigns are not yet available, but the total above and below the line promotional spend for 1984 is expected to top £1m.

The campaign begins with the launch of travel product promotion in May/June offering incentives to wholesaler, retailer and consumer alike.

The new hairdryer range (see C&D March 24) will be supported through the summer and into Autumn with advertising in the Women's press.

#### ACCESSORIES

Haircare accessories become increasingly acceptable to all age groups the emphasis continues to be on eye-catching designs and bright colours.

Following the relaunch of Lady Jayne in November Laughtons are adding coordinated colours to their Summer fashion



**...and the older woman who can no longer be categorised by a blue rinse perm.**

collection while Ravina update the Celeste range.

Ice lemon, sunrise red and azure blue are the colours to be carried across the complete Lady Jayne range. They will be supported by a public relations campaign in which everyday hairstyles will be demonstrated using Lady Jayne decorations and brushes.

New lines for Summer include a pony-tail with matching beads and mini

'honeybug' hairslides.

Following Laughtons in relaunching their range are Ravina. The market is set to expand, they predict, with the return of the pre-Raphaelite "look" comprising longer, more feminine hairstyles requiring hair accessories.

The company is not however neglecting the young miss. A new range of accessories to be known as Little Miss Muffet includes both fun styles of brightly-coloured clowns and hound dog ponytail holders, and gold-trimmed velvet bows for Sunday best. Retail prices start at £0.18 rising to £0.75 for the headbands.

Packaging features Miss Muffet and her spider and for point of sale there is a free-standing carousel holding 31 display strips, a minicard and pegboard unit.

With the holiday season in mind Alfred Franks & Bartlett have expanded their hair-care accessories range with the addition of plastic hair grips. The grips (£0.25) come in a floral motif and a shell and teddy bear design, all in a variety of colours.

Finally Olive Chemist Sundries have added both ponytail bobbles and bows, hats and heart designs to their range of hairslides (£0.10-£0.15).

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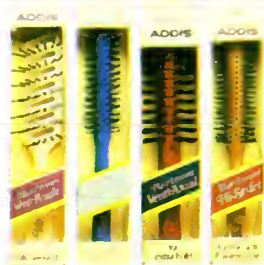
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# Pinpointing the Laughton success

A thriving business based on that often overlooked product the pin — that is the secret of the Laughton success. For that very product was responsible for the development of the company as we know it today. As C&D celebrates its 125th year — making us one year older than Laughtons — it is an ideal time to delve into the history of this Birmingham-based company and get the feel of the times.

Little did Charles Rainsford and Stephen Jarrett know what they were starting when they formed a partnership in 1886 and paid their workers ½ an hour to manufacture pins for the drapery and haberdashery trade.

Today nearly 125 years later their business — almost razed to the ground in the Second World War — leads the way in the hair accessories market.

How were they to know that the boy of 15 they took on in 1898 would be responsible for establishing the company as a major force — in his own name? And it was this same boy, George Laughton, who was responsible for determining in which countries the company was to establish markets, all thanks to his sense of adventure, love of travel — and his P&O shipping timetable.

George had become head of the family business at an early age with the death of his father and, with a mother and two sisters to support, this could well have been the driving force behind his initial success.

By 1911 George had become assistant manager, rising in position as the company expanded.

At that time Birmingham was a hotbed of industrial ideas, an atmosphere the company thrived on as the manufacture of hair accessories was stepped up. Haberdashery retailers were the outlets that sold hairpins and brushes so Jarrett & Rainsford adapted accordingly and such lines soon became an integral part of their range.

Responsibility for the development of the Stratton Giftware range also lies with George. For the Coronation of George V in 1911 the company was busy manufacturing souvenirs. When a supplier, who preferred drink to running his business, let them down George agreed to buy his business for £50 and give him a job — as long as he remained sober. The latter part of the agreement lasted only a fortnight.

## WHAT'S IN A NAME?

But what to call the new enterprise? A problem soon solved by George's wife who was reading a book in which the hero went under the name of Stratton. What could be better? All the hard work by George was recognised by his employers in 1912 when he was elected to the board as director of Jarrett & Rainsford.



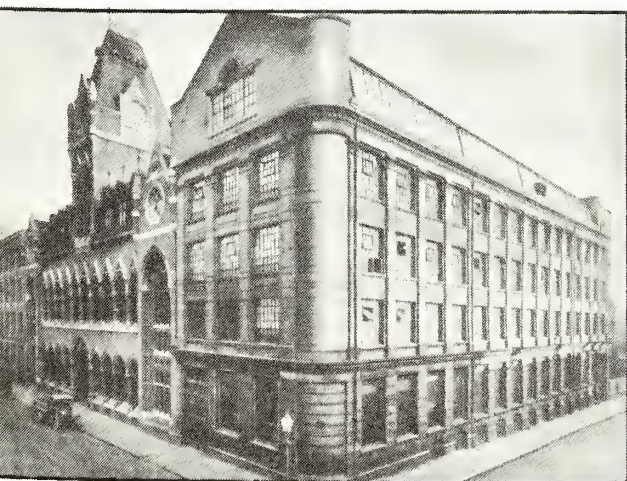
Who remembers the slumber helmet which saw the beginning of the Lady Jayne range?

In the period up to 1928 the company of Jarrett, Rainsford & Laughton, as it was then known, prospered. Export markets were developed and offices and showrooms opened in Manchester, Glasgow and London.

During the First World War it had been business as usual to start with but, as the war continued, the company began to use their plant to produce chamfered duralumin washers for the air industry. After the war the company adapted this expertise to good effect and continued to manufacture duralumin — but this time to make knitting pins, thimbles, hat pins and crochet hooks.

A post-war boom saw increased demand for cheap jewellery and Stratton prospered with the introduction of the Stratton collar stud. It was also at this time that the company could be found dabbling in model kits and short-wave radio, way before Airfix and the Archers became household names.

And it was in 1920 that the beginnings of the Lady Jayne brand (as it was then spelt) could be found with the development of the slumber helmet, displayed by Gloria, a famous model of the time. Other lines introduced were wave clips and the original curl clip both still popular today, but how different!



Before and after: the Globe works were badly hit during the Birmingham Blitz of November 1940 but it was business as usual for the company who took over a swimming lido on the outskirts of the city.



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By 1929 the Rainsford family agreed to sell their ordinary shares to George and his eldest son (Jarrett had sold out to the Rainsfords as long ago as 1870). Thus we see the start of Laughton & Sons, at that time employing some 500 workers.

## ASTURES NEW

During his travels abroad George had formed companies in America, Canada, and Australia, generating considerable revenue for the company. It was during one such trip in 1936 that George struck up a friendship with Abe Goodman of H. Goodman & Sons, manufacturers of Goody, the brand-leading range of hair accessories in America.

Abe at this time, together with Joe Foster of Foster Grant, was interested in injection moulding. In the space of a two-hour meeting the Goodmans and George decided to form a company for this purpose in England going under the name Twinco. The result of this was that Laughtons were the first company to mould injection vinyl acetate combs in the UK.

Today Twinco is wholly-owned by Laughtons manufacturing Picnic and Patio-ware together with many of the plastic components used in the Lady Jayne range.

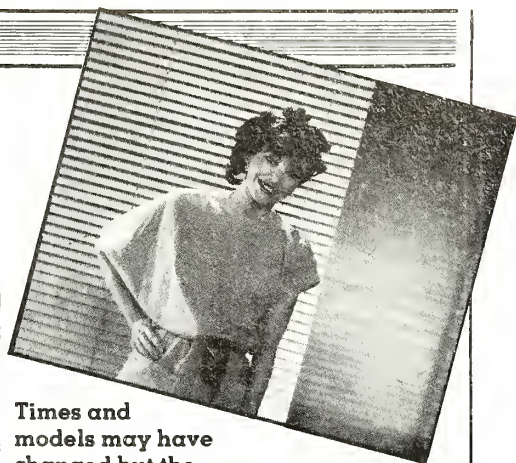
Such growth worldwide was soon to be halted yet again by the Second World War. Laughtons were hit badly during the Birmingham Blitz of 1940. Four out of their five factories were destroyed and, on one night alone, 90,000 sq ft of plant was destroyed. The company, involved in the War effort, was manufacturing an array of products — 75 different items in all — from magazines to fuse cases.

Despite such losses it was business as usual — this time operating from a swimming lido, known affectionately as the "bath tub," on the outskirts of Birmingham.

Even after the war manufacturing continued in a series of unlikely buildings and factories in and around Birmingham, until in



**Slumber helmets may no longer be in fashion but the company has kept up with market trends.**



**Times and models may have changed but the name remains the same.**

1959, permission was given to build a factory on the present site at Warstock.

Nowadays the third generation of Laughtons are running the company, Michael Laughton is group managing director and cousin Timothy is in charge of sales and marketing. Jerome Laughton, one of the sons of the founder, is now chairman of the company while his brother Malcolm continues to run the Australian side of things.

Certainly, as far as the company is concerned, keeping it in the family has proved to be a great success. That, and having the engineering expertise in-house to build the machinery necessary to keep the company one step ahead of its competitors. What would George think of the present Lady Jayne range? He would surely have approved.

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## Cashing in on new product categories

Of all toiletry sectors, the haircare market is probably the most innovative. And it's an innovation which has come about in just the past three years or less. Foam perms and colourants, styling mousses, highlighting products, setting gels and glitter sprays and are all products which have arrived on your shelves in that short time.

And the manufacturers, naturally enough, have done their level best to ensure your customers know all about them. Between 1981 and 1983, advertising support for the hair market rose a staggering 56 per cent to £32 million, with perms, conditioners and setting agents accounting for a major portion of this increase.

So why has the market given itself an apparently sudden proverbial prod? The answer is simple: women are becoming more demanding in their quest for fashionable looks. They are more adventurous, more willing to try something new — and, above all, more conscious of what can be achieved without that increasingly expensive, and often inconvenient, trip to the hairdresser.

Manufacturers like ourselves have been quick to respond to this changing environment. We have produced new product categories and improved existing ones, and given both a modern image with the best possible packaging and creative advertising support. The results are self-evident in your tills.

### Success stories

There have been two specific types of success story within the past two years. The first concerns totally new products like Poly Foam perm, and Free Style, while the other relates to a change in marketing tactics for existing ones like Glints.

Yet it is not only the major companies who can take the accolade for the expansion and resultant upturn in the market. The small ones, too, have helped by generating interest in their new, albeit relatively minor brands, as these products also tend to focus consumer attention on others within the same category. This is especially significant for the chemist because the smaller brands rarely find their way into the grocery chains or drug stores.

In no way should these smaller companies be considered as the poor relations — the "also-rans" just don't exist

**The haircare market is an exciting one, argues Warner-Lambert marketing manager Neil Wilkinson. In this article he looks at recent market developments and urges retailers to be more receptive to new ideas. Continual developments in the market, he says, means more interest for the consumer and big business for the retailers.**



**Neil Wilkinson: 'New product ideas live or die depending on the support they get from the pharmacist.'**

nowadays. The marketing environment in the world of hair is so intense, and, by necessity, so slick, that only the worthy will survive. And that, too, helps to stimulate consumer interest.

So where are the current areas of major growth? Foam perms, mousses and permanent colourants are the obvious ones. But it is important to recognise that not all up-and-coming categories will necessarily have continuing success. Some will peak only to fall by the wayside on the wake of newer products.

Take henna, for example, sales of which dropped by 21 per cent in volume between 1982 and 1983. And soft perms, too, after their initial impact, lost considerably in the same period when volume sales were down by 11 per cent.

It is not only the "newcomers" which cannot afford to look at their laurels. The old-established product leaders are also coming under pressure — Nice 'n Easy from Recital, Harmony from Glints and Toni from Fashion Style.

The consumer interest and demands which make the haircare market a healthy one also equally make it a fluid one. Neither manufacturers nor retailers can expect it to remain static — and that factor is probably more pertinent in the current climate than at any other time.

New product ideas live or die, depending on the support they get from the pharmacist. You need to be prepared to be perhaps a little more flexible in your approach towards them, willing to take what you may consider to be a risk.

In return, you'll get greater profit margins on these new areas than with, say, shampoos, and, of course, they will help create a more interesting retailing environment with which to tempt your customer.

It is essential that we all identify the tremendous opportunities offered by the hair market at precisely the right moment and exploit them to their full potential. That way we'll all benefit.

## In the Boots's pipeline

As the haircare market is increasingly influenced by fashion trends it becomes important that companies are flexible enough to adapt quickly to create a new product fulfilling consumer requirements.

With this in mind Boots have several new product concepts in the pipeline. Current activity includes the launch of a jojoba range comprising two shampoos, a conditioner and intensive conditioning treatment; the addition of hairspray, colour

toners and treatment wax to the henna haircare range and the updating and repositioning of the family/economy range. This will now include a dandruff control conditioner for normal to dry and normal to greasy hair types.

Boots estimate the haircare market is valued in excess of £250m and say one-third of all purchases are through their stores, while the Boots brand takes a nine per cent share.



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# Diseases of the lower GI tract

Previous articles in this series have looked at diseases of the oesophagus, peptic ulcers and gastritis. This third article moves further down the gastro-intestinal tract and considers diseases of the small and large intestine, the rectum and the anus.

The structure and function of the gut has been dealt with previously but certain points are especially important here. The *villi* and *microvilli* (Fig 1 right) which cover the surface of the small intestine in the absorptive areas are essential for proper nutrient absorption. If these structures are damaged, as in gluten enteropathy, malabsorption results. The small bowel is concerned primarily with completing the digestion of food and the absorption of the resultant monosaccharides etc. If this process is not completed, the residual unabsorbable food components increase the osmotic pressure in the bowel, thus retaining water and causing an osmotic diarrhoea. We will return to these points later.

The *large bowel* is a muscular organ, the contractions of which produce mixing of the contents and the forward movement and expulsion of food residues in the faeces. Though it does not possess villi, it does reabsorb sodium, chloride and water, only ten per cent of the water secreted by the small intestine being lost in the faeces. It also secretes mucus, which lubricates and protects the wall.

## Inflammatory bowel disease

This is not a single entity but comprises *Crohn's disease*, sometimes called *regional enteritis*, although it can affect any part of the gastro-intestinal tract from the lips to the anus, and *ulcerative colitis*. They are usually grouped together, since both are chronic inflammatory states and give rise to similar symptoms. The uncommitted nature of a diagnosis of inflammatory bowel disease invites re-evaluation at each follow-up.

The principal features of these diseases are summarised in Table 1, from which it is clear that distinction between them is very difficult by means of a history alone, though there is often a family history which may be helpful. A barium contrast X-ray may characterise Crohn's disease if it is confined to the small bowel or extends beyond the colon. Both diseases occur most commonly in young adults (20-40 years) but they may appear at any age. Crohn's disease occurs

most often in females and Jews of Central European origin. In Crohn's disease, the terminal ileum and ascending colon are most frequently involved (70 per cent of cases) while in ulcerative colitis it is the sigmoid colon and rectum which are primarily affected and the disease does not spread to the small bowel.

Many other intestinal diseases produce similar symptoms: these include bacillary dysentery, intestinal parasitism, antibiotic associated colitis and, in the older patient particularly, diverticular disease, ischaemic colitis and tuberculosis or tumours in the

abdomen. Crohn's disease in the terminal ileum and caecum is often confused with appendicitis. Both diseases are incurable though they may remit spontaneously, so treatment is largely symptomatic and supportive.

## Management

**Crohn's disease** shows such a diversity of severity and presentation that a definitive account of treatment is difficult. In *acute* Crohn's disease bed rest speeds remission in active disease. Antidiarrhoeals (codeine, loperamide or diphenoxylate) may be helpful, but are best avoided if possible, since they retain inflammatory exudates in the bowel and may lead to a prolongation of symptoms. If the inflammation is so severe as to lead to obstruction, normally of the small bowel, a low residue or clear fluid diet

**Table 1: Symptoms, signs and complications of some diseases of the lower GIT.**

Feature Symptoms	Crohn's disease	Ulcerative colitis	Diverticular disease
Diarrhoea	++	++	+ may + alternate
Constipation		(+)	
Abdominal pain	++	+	+
Frank rectal bleed	(+)	++	(++)
Weight loss/fatigue/malaise	++	++	+
Fever	+	+	+
<b>Extra-intestinal complications</b>			
Eyes	(+)	+	-
Joint pain	+	+	-
Skin	+	+	(+)
Mouth ulcers	(+)	(+)	-
Liver	(+)	-	-
Circulation (vasculitis)	-	(+)	-
<b>Other signs and complications</b>			
Pus	-	+	-
Fistulae	++	(+)	(+)
Perforation	(+)	(+)	(+)
Anal/rectal abscess	++	(+)	-
Associated malignancy	(+)	(+)	-

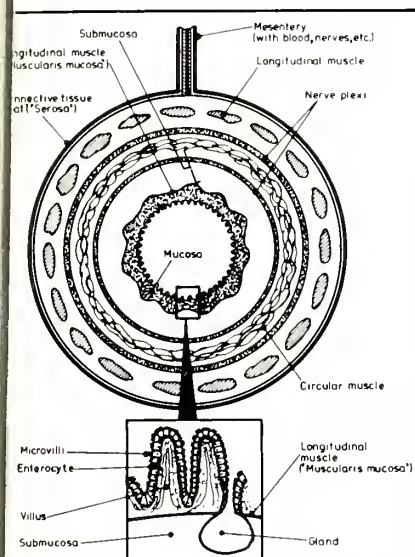
Frequency of symptoms, etc - uncommon; (+) occasionally, + common; ++ usual; \* obstruction may occur

**Table 2: Malabsorption syndrome — possible causes**

Aetiology	Disease or condition
Inflammatory disorders	Crohn's disease, Ulcerative colitis, Post-infective, Scleroderma, collagen vascular disease (SLE, PAN)
Genetic/biochemical	*Coeliac disease (gluten enteropathy), *Disaccharidase deficiency, Monosaccharide intolerance, Immune deficiency, Cystinuria, Hartnup disease
Infections	*Dysenteries, Enteric fevers, *Tropical sprue, Whipple's disease
Tumours	Lymphomas
Organ disease	Pancreas, Zollinger-Ellison syndrome, Liver, Diabetes, Heart failure, Pericarditis
Post-surgical	Gastric surgery, Intestinal resection or by-pass, *Short gut syndrome
Drug-induced	*Antibiotics, Cholestyramine, *Digoxin, Aminosalicylate
* More common causes	
NB Most medicines are capable of causing malabsorption	

By Dr N.D. Harris and Mr R.J. Greene, department of pharmacy, Chelsea College, University of London.





**Fig 1. Transverse section of the gastrointestinal tract showing histology.**

or even total parenteral nutrition may be indicated: however, in disease restricted to the colon bulking agents may be beneficial. Fluid, electrolyte and nutritional support, especially folate, Vitamin B12 and iron must be provided at a level appropriate to the severity of the symptoms, blood transfusion being required for severe anaemia. Reducing doses of enteric coated prednisolone are often useful in moderately severe attacks, and topical steroids (enemas or foams) may be helpful in colonic disease.

The use of sulphasalazine and azathioprine is somewhat controversial, but these seem to help many patients whose symptoms are otherwise difficult to control. In some patients diarrhoea tends to persist despite an improvement in their general condition. They may be helped by metronidazole, to control overgrowth by anaerobic bacteria, and by a milk free diet if prolonged diarrhoea has led to secondary lactase deficiency.

Occasionally, the diarrhoea reduces the normal re-absorption of bile salts in the small intestine and these then irritate the colon, leading to an exacerbation of symptoms. In such cases cholestyramine is beneficial. Steatorrhoea (pale, fatty, very offensive stools) may be improved by fat restriction.

**Maintenance therapy** follows the general pattern outlined above and must be adjusted to the severity of symptoms, regular supervision being required.

**Ulcerative Colitis:** The management of acute ulcerative colitis is also matched closely to the severity of symptoms. If there is only localised proctitis, topical treatment with sulphasalazine suppositories may be adequate. In this form of the disease severe constipation may be a problem, a high residue diet and bulk laxatives being indicated.

The treatment of mild attacks is similar, with the addition of oral enteric coated sulphasalazine and antidiarrhoeals. Oral iron may be required, depending on the degree of anaemia and a low residue diet may be helpful.

If the patient fails to respond, or if the condition is more severe hospital admission is usually required. Oral prednisolone (EC, c 40-60mg per day, reducing) is indicated, together with fluid and electrolyte replacement. A severe attack is a medical emergency, requiring immediate hospital admission to permit parenteral treatment with steroids, fluids and electrolytes, antibiotics, blood transfusions and sometimes total parenteral nutrition.

**Maintenance** once the acute situation is over, relies primarily on a high residue diet and oral EC sulphasalazine. Some patients benefit from topical steroids, azathioprine and a milk-restricted diet.

**Surgery in inflammatory bowel disease:** In both diseases this is performed for toxic dilation, perforation and haemorrhage, and for severe, uncontrollable disease. Additionally in Crohn's disease, surgery is often done for repair of fistulae (abnormal communications between the gut and other organs or the body surface). Surgery for ulcerative colitis is usually also done for recurrent disease which significantly impairs the patient's quality of life, and to prevent the occurrence of colonic cancer in long-standing chronic disease, usually leading to colectomy or ileostomy.

Symptoms of ulcerative colitis do not recur following surgery. However, in Crohn's disease recurrence of symptoms is common, so surgery is performed only when medical management fails, and patients will still need lifelong supervision.

## Diverticular disease

Diverticulosis of the colon is the commonest pathology of the large bowel in the industrialised Western world. A diverticulum is a pouch and in this condition excessive internal pressures cause blow-outs of the mucosa and submucosa through a thickened muscle layer to form the pouches. The diverticula occur at points of weakness where the blood vessels enter the gut wall from the mesentery.

Clearly, the older we are the greater the chance of diverticulosis; so the disease process starts to be recognised in middle age and is extremely common in the elderly. Diverticulosis usually occurs in the transverse and descending colon though it may occur occasionally in the caecum and ascending colon or in the jejunum. It is currently believed to be due primarily to a diet low in fibre. Constipation, causing straining and consequently increased intracolonic pressures, is an obvious contributory factor. The condition may be completely asymptomatic, so the mere finding of diverticula on X-ray does not mean that they are the cause of any intestinal symptoms. Since the condition is

so common, it is important to exclude co-existent disease as a cause of the symptoms.

In mild cases, there may be only vague dyspeptic symptoms, but in more severe cases there is usually a dull, colicky pain in the left iliac fossa, diarrhoea or constipation or alternate bouts of these, and rectal bleeding of variable severity. Symptoms are believed to be due to the fermentation of food residues trapped in the diverticula. Occasionally acute diverticulitis may result, with left lower abdominal tenderness and pain ("left sided appendicitis"), constipation, fever and tachycardia. Rarely this may cause the serious complications of obstruction, fistula formation, severe haemorrhage or perforation and peritonitis.

Severe disease is treated with rest, potent analgesics (eg pethidine) and antibiotics, though surgery may be necessary for complications or for removing a few large, troublesome diverticula. Uncomplicated disease is managed primarily with a high fibre diet, though antispasmodics (mebeverine or propantheline) and analgesics may be helpful: morphine is contra-indicated since it aggravates constipation and causes raised internal colonic pressures.

## The malabsorption syndrome

This is caused by any disease which impairs our ability to absorb nutrients. This may be specific, eg cobalamins in pernicious anaemia, but the term usually refers to generalised nutrient malabsorption. Some causes are listed in Table 2. The commonest symptoms are diarrhoea, steatorrhoea, abdominal distension and cramps, flatulence and excessive bowel motility. Skin lesions are common if the condition persists.

Probably the commonest cause in temperate climates is *gluten enteropathy* (Coeliac disease), which has a familial tendency and a marked racial difference in incidence, being common in Ireland but not in Africa. It is believed to be immunological in origin, being often associated with the histocompatibility antigens HLA B and DW3.

The primary problem is intolerance (allergy?) to gluten, a protein occurring primarily in wheat but also in other cereals (barley, rye, oats). Ingestion of the gluten rapidly causes a flattening of the jejunal villi, with consequent failure to absorb nutrients, so producing an osmotic diarrhoea and vitamin and other nutritional deficiencies. It usually occurs in infancy when wheat products are first added to the diet, but may present at any age. It is extremely variable in its severity and symptoms.

The mainstay of treatment is life-long gluten avoidance, with nutritional support,

but this may be difficult to achieve. "Gluten-free" diets (Table 3) may contain traces of gluten, to which some patients are extremely sensitive, and food technologists use gluten extensively to improve the texture of a wide range of manufactured foods. Consequently, the diets tend to be restricted and boring. Good control minimises the associated risk of neoplastic disease and increases fertility, so young women patients should be warned that conception is much more likely once control has been achieved.

The commonest *saccharide intolerance* is to lactose, and this may be congenital, presenting as soon as cow's milk is introduced into the diet. It is much less common in Caucasians than in other races in countries with a Western style diet, which is high in lactose. Treatment is with a milk-free diet. Since lactose is a common pharmaceutical excipient, medicines frequently cause a recurrence of symptoms and drug information units, principal pharmacists in children's hospitals and manufacturers will advise on the lactose content of their medicines. *Secondary lactase deficiency* is common after prolonged periods of diarrhoea, so milk and its products should be introduced cautiously after a bout of gastro-enteritis, coeliac and inflammatory bowel diseases. Too early an introduction of milk may cause an osmotic diarrhoea due to non-absorption of lactose and so an apparent recurrence of symptoms.

*Drug induced malabsorption* can also arise. Most medicines are capable of causing gastro-intestinal disturbance, but this usually affects the stomach causing nausea or even vomiting. Common examples are aspirin, the non-steroidal anti-inflammatories, steroids, iron, potassium and sulphasalazine. This may progress into ulceration and haemorrhage.

However, some drugs may cause diarrhoea and consequent malabsorption (eg cholestyramine, laxative or "fruit salts" abuse). More serious effects occur with digoxin, with which the symptoms are the first signs of toxicity, and with certain antibiotics (notably clindamycin, lincomycin) which may cause *antibiotic associated colitis* (AAC, formerly called pseudomembranous colitis). AAC may require admission to hospital and treatment with vancomycin or metronidazole to control overgrowth with the anaerobic bacterium, *Clostridium difficile*.

## Haemorrhoids

This is the commonest condition of the rectum leading to the presence of fresh blood on the stools. The condition is due to the occurrence of distended, varicose veins which project into the rectum (internal

**Table 3:- Products for gluten-sensitive patients**

Aglutella* +	Glutenex*	Rite-Diet G F
Aproten	Juvela G.F.	Tritamyl*
Bi-Aglut	Verkade	Trufree* +

NB 1. Many other special dietary products (tube feeds, nutritional supplements, diets for renal or liver failure) are also low in gluten or free from it.  
2. Also: \*Lactose free, +sucrose free

haemorrhoids) or around the anus (external).

Haemorrhoids may be the result of hereditary predisposition, chronic constipation or diarrhoea, pregnancy or chronic prostatitis. Since the veins connect with the portal circulation, haemorrhoids may occasionally indicate the presence of portal hypertension, eg in liver disease. Since the condition is so common, bleeding and pain should not be ascribed to haemorrhoids until other pathologies have been excluded, especially in the elderly.

External haemorrhoids do not usually need treatment, but the lesions may leave *skin tags* (benign folds of skin) when they heal, and patients are often alarmed by these, suspecting malignancy. If obtrusive, the tags can be removed surgically.

The pain and discomfort of internal

haemorrhoids may be relieved by any of the common treatments (Table 4), though topical local anaesthetic and antihistamine preparations are best avoided, due to the possibility of skin sensitization. Ointments are less cosmetically acceptable than creams, but are probably more beneficial since they provide better lubrication of the anal canal. All treatments are topical, with the exception of rutenoids (Paroven). In the acute situation, liquid paraffin, which softens and lubricates the faeces, may be beneficial, but this is undesirable for long-term use.

Once the acute symptoms are controlled, the most important factor is the avoidance of constipation and consequent straining, so dietary advice and bulk laxatives are usual. Good anal hygiene using cleansing tissues or bland cream (aqueous cream, E45, Unguentum Merck) helps to minimise faecal soiling of the area and consequent irritation.

Severe *haemorrhoids* in which the veins permanently protrude through the anus (prolapse) may require sclerosing injections or surgery.

*The management of functional constipation and diarrhoea, and of pruritis ani, and the approach to patients presenting with gastro-intestinal symptoms and abdominal pain will be dealt with next.*

**Table 4:- Some products for the treatment of haemorrhoids**

		Soap/ Macrogol	Heparinoid	Antiseptic	Antibiotic	Oleo resin/ vol. oil	Local anaesthetic	Zn/Bi, etc.	Adrenaline/Phenylephrine	Steroid
Class	Product	Type								
P	Alcos-Anal	S,O	.	.	.					
POM	Anacal	S,O	.	.	.					.
POM	Anugesic HC	S,O		.	.	.	.	.		.
GSL	Anusol	S,O,C		.	.	.	.	.		.
POM	Anusol HC			.	.	.	.	.		.
POM	Betnovate	S,O				.	.	.	.	.
GSL	Germoloids	O		.	.		.	.		
GSL	Germoloids	S		.	.		.	.		
POM	Hepacort Plus	S,C		.					.	.
P	Lasonil	O	.							
P	Paroven	Caps	.	.	.			.	.	
GSL	Pilogene Cpd	O	.					.		
GSL	Preparation H	S,O		.	.					.
POM	Proctosedyl	S,O		.	.	.	.	.	.	.
GSL	Pylatum	O		.	.			.	.	.
POM	Schenproct			.			.			.
POM	Ultraproct	S,O			.		.	.		.
POM	Uniroid	S,O			.		.	.		.
POM	Xyloproct	S,O					.	.		.

S, suppository; O, ointment; C, cream



## P pharmacist to be struck off for forgery

**London pharmacist who obtained more than £120,000 from the National Health Service by forging prescriptions, was ordered to be struck off when he came before the Pharmaceutical Society Statutory Committee in London last week.**

Bernard Julius Masters, of Hillside Drive, Gower, who traded as Clifford Evans in Ambrose Grove, West London, has three months in which to appeal.

Sir Carl Aarvold, chairman, told Mr Masters, a Justice of the Peace who had already been to prison for the offences, that the Committee had to try to cleanse the profession of the stain he had put upon it.

Mr Josselyn Hill, for the Committee, said that in 1981 Mr Masters became pharmacist at the Star and Garter Home for Disabled Servicemen at Richmond, Surrey, where many residents needed regular medication.

Shortly after the appointment, he began forging prescriptions received from the home. In one case he altered a prescription for 150 gauze swabs to read 1,500, so that instead of being paid £436.50 he received £1,365 from the NHS.

The Pricing Authority became suspicious and, following investigations, Mr Masters was taken by police and a Society inspector in July 1982. He admitted altering prescriptions. No one else was involved.

Mr Masters appeared at Kingston Crown Court in March 1983, and pleaded guilty to ten counts of obtaining property by deception from the NHS. They related to

gauze swabs, elastic and adhesive bandages and drugs, involving a total sum of £29,804. He also asked for 408 similar offences to be taken into consideration, involving £100,418, making a total of about £130,000.

Mr Masters was sent to prison for 24 months, six of which were suspended. He was also ordered to pay £80,000 to Kensington, Chelsea and Westminster FPC.

Detective Inspector Peter Johnson told the Committee the offences took place between September 1981 and May 1982. They related only to prescriptions from the home, which was in fact a hospital.

Mr Masters said that at the time of the offences, he had roles in many public and professional organisations from which he had since resigned. He was also a JP. These activities involved committee work, and he had to employ a part-time pharmacist.

He said that having started committing the offences — for which he could offer no explanation — he had a compulsion to carry on, knowing he would be found out. He was relieved when the police confronted him with their allegations.

But Mr Masters claimed the total sum involved was about £122,000, not £130,000. He explained that the money had been used to pay off an overdraft on his business and for home improvements. He had also repaid £52,000 to the FPC. His business had since become a limited company, and his wife was now the superintendent pharmacist, he said.

at the time.

As a result, the company and Mr Singh pleaded guilty at Marylebone Magistrates' Court in February, 1983, to two offences under the Medicines Act. The company was fined £100 and Mr Singh £50.

Mr Hill said Mr Gordon, who had since died, had tried to warn his fellow directors about allowing the shop to remain open to sell medicines without a pharmacist, but they would not listen. It was a classic example of the dangers involved in allowing a pharmacy business to be run by people who were not pharmacists. They kept within the law, said Mr Hill, only by employing ineffective superintendent pharmacists who were unable to exert any authority over their unqualified directors.

Mr Hill said Neproy Ltd, which was not represented at the hearing, still existed, but the premises at Leinster Terrace had now been taken over and was being run satisfactorily by a wholly different company.

## Leniency plea after till theft

**A pharmacist who admitted helping himself to cash from the tills of a Kidsgrove chemist's was ordered to be struck off the Register by the Pharmaceutical Society's Statutory Committee in London last week.**

The Committee heard that Richard Riley, a former Justice of the Peace, took a total of nearly £7,000 between June 1978 and April 1980 while employed as a director and pharmacist by George Staples (Kidsgrove) Ltd of Market Square, Kidsgrove.

Mr Riley, of Sneyd Avenue, Westlands, Newcastle-under-Lyme, later appeared at Hanley Crown Court, pleaded guilty to theft charges and was ordered to undertake 240 hours community service.

He told the Committee he now had his own business in Eastgate Street, Stafford. He pleaded to be allowed to remain on the Register, saying striking-off would lead to financial difficulties.

However, the Committee decided his name should be removed from the Register. Mr Riley, who has three months to appeal against the decision, was advised that he could apply at some future time to have his name restored.

Mr Josselyn Hill, for the Committee, said inquiries were made by the firm when the Kidsgrove takings compared unfavourably with those of other shops in the chain. Mr Riley then admitted he had been taking money from the tills.

He resigned and offered to repay the stolen cash from the proceeds of his shareholding in the firm.

Questioned by Mr Oliver Bull, representing Mr Riley, Detective Constable James Hassell said the money was repaid before Mr Riley appeared at Crown Court.

Mr Riley told the Committee he first took money — £100 — having just moved home and finding himself short of money. He repaid the money, but regularly took more from the till. He said he was deeply ashamed, but claimed he kept account of all that was taken and always intended to repay it. He agreed with Mr Hill that at the time of the thefts he was a JP, but said he later resigned.

Mr Riley told Committee chairman Sir Carl Aarvold that he used the money to repay bank loans which had been obtained to buy shares in the firm which he was required to hold, to meet increasing mortgage repayments, and on general living expenses. The money had not gone on wild living.

More Statutory Committee on p888

## Company told to cease trading

**A Paddington pharmacy where unqualified people sold medicines without supervision has been ordered to cease trading.**

The order, made by the Pharmaceutical Society's Statutory Committee, was slapped on Neproy Ltd, which traded as "Andrew" at Leinster Terrace, Paddington.

Mr Josselyn Hill, for the Committee, said that after Mr Norman Gordon, a director and superintendent pharmacist, had been twice warned by a Society inspector that a pharmacist had to be present to supervise medicine sales, a test purchase was made.

In August 1982 Mr Hill said an inspector was sold two Pharmacy medicines by a director of Neproy, Mr Ranjit Singh. He was unqualified and no pharmacist was present

Chemist & Druggist 5 May 1984

## Indecent assault leads to reprimand

**A Nuneaton pharmacist who had served a sentence of imprisonment for indecently assaulting a teenage schoolgirl was ordered to be reprimanded for his behaviour by the Pharmaceutical Society Statutory Committee last week.**

The Committee's chairman, Sir Carl Aarvold, said that Mr Lionel Chapman, of Marchri, Gypsy Lane, was clearly a weak and repulsive character, trying to blame a young girl for seducing him. He was a person of whom any profession would be ashamed.

Mr Josselyn Hill, for the Committee, said that Mr Chapman's appearance was the result of his appearance in Warwick Crown Court in February last year when he pleaded guilty to three charges of

indecently assaulting a teenage schoolgirl and was sentenced to nine months imprisonment.

Written statements from the police, the girl and Mr Chapman concerning the offences, which took place between 1980 and 1982, were read by the Committee, but not disclosed.

Mr Chapman told the Committee that during the six months he spent in prison as a result of the offences, his wife ran his pharmacy at Lutterworth Road, Nuneaton, with the help of locums, and this had cost him about £12,000. He added that he had since resigned his position as a special constable.

Mr John Bosworth, for Mr Chapman, said that Mr Chapman's conduct was not in any way connected with his pharmacy or his profession, and he was extremely contrite.

The chairman said the Committee found it might not be fully justified in directing the removal of his name from the Register but considered that he should be reprimanded for his behaviour.

## Theft of goods blamed on lax system

**A Kidderminster pharmacist who stole electrical goods during his employment with the West Midlands Co-operative Society has been reprimanded by the Pharmaceutical Society's Statutory Committee.**

The Committee's chairman, Sir Carl Aarvold, said that Mr John Hodges, of Birchfield Road, had been dishonest and fraudulent. He could not escape altogether the stain he had imprinted upon his profession. But the Committee did not consider that his conduct called for the removal of his name from the Register.

Mr Josselyn Hill, for the Committee, said that at the time of the offences Mr Hodges was employed as superintendent pharmacist and manager of the West Midlands Co-operative Society's store in Oxford Street, Kidderminster.

The matter came to light as the result of police inquiries at the store, and later Mr Hodges pleaded guilty to two charges of theft of electrical goods, worth £605, and conspiracy to defraud. He was sentenced to 12 months imprisonment, nine months of which were suspended.

Detective Constable Ian Nicholls told the Committee that the offences occurred as a result of an agreement between Mr Hodges and the manager of the store's electrical

department which allowed the manager to take items under Mr Hodges's control, such as cigarettes, wines and spirits, and for Mr Hodges to have electrical goods of similar value. Any differences would be settled in the departmental accounts at the end of the month.

When interviewed, Mr Hodges admitted stealing a cassette receiver but claimed that other items he took were on loan or for the purpose of learning about their operation so that he could demonstrate them to potential customers.

Cross-examined by Mr Reginald Jones, for Mr Hodges, Detective Constable Nicholls said the book-keeping at the store was very slack. Items which should have been recorded as a sale or transfer from the department were not recorded immediately as they should have been.

He agreed that Mr Hodges held on to items which he had been trying out for an excessive length of time. But he agreed that there had been no misconduct as regards medicines or drugs.

Mr Hodges told the Committee he was in charge of the dispensary and generally ran the shop, which also sold wines and spirits. He claimed that the offences occurred because of a discount system which was widely abused.

When he first took the items, he had no intention of being dishonest. "The whole system was so lax and no one said anything. It was easier to let things drift than to do anything about it," he said. He was almost relieved when it came to an end.

He said he was now self-employed in a full-time job.

## It's now or never

You may or may not like STV but to you 22,000 non voters I say, such an opportunity comes but once. With 24 candidates in the Council election, it is evident that dissatisfaction is widespread — by voting this year you could well change the course of pharmaceutical history.

Is it any wonder that the BMA launches a campaign of innuendo about "fiddling chemists" — see *The Sun* last week? Is it any wonder that the DHSS treats the profession with such contempt? With a complete absence of dynamic leadership in Council (the only recent exception being Dr Maddock's campaign against rural doctor dispensing encroachment — though it's a pity it didn't come twelve months earlier) and only a quarter of you voting in the most important event of the year, is it any wonder that the great majority of "grass roots" pharmacists hardly ever attend branch meetings? The result is complete apathy and disenfranchisement.

So I beg of you, stand up this year and vote. Even if it inconveniences you, turn up and flood the annual general meeting.

I would not dream of emulating the minority by trying to divert the course of the election. If you are completely satisfied with everything as it is then your course is simple — just toss your election envelopes on one side unopened — if you are *not* so satisfied then open it, read the manifestos carefully and study them. Then elect, not those whom I favour, not those whom the minority "moles" favour, but those of your fellows that you want.

I venture to forecast that, whoever you return, a massive vote this year will inspire any new Council with such confidence that it *will* fight on your behalf, it *will* do the things you want. At last we shall see the day when the grass roots feel you have the Council you deserve. Equally Council will have a clear mandate from the *majority* of its grass roots.

Enough is enough. Tomorrow we live.  
**Edwin C. Evens**  
Upminster, Essex

*Mr. V. Morgan*  
*he* *7*  
*11* *Stark*  
*then die*  
The Final Solution?



# Fowler backs industry at Wyeth opening

**Health Secretary Norman Fowler has opened a new £8m Wyeth factory in Havant. Managing director Richard Bate took the opportunity to discuss the industry's problems.**

Mr Fowler described UK pharmaceuticals as "one of the most successful industries we've got."

"But this sometimes leads to it being thought of as a 'milk cow' by those who look at NHS spending and accept — almost as an article of faith — that pharmaceutical companies make excessive profits" he said.

Mr Fowler toured the 98,000sq ft plant, which replaces the company's 1957-vintage premises at Havant, and was shown the manufacture and packaging of Ovranette, Ativan, Meptid and others of the 30 brands made there.

"It is no exaggeration to say that we now have the manufacturing capability to take Wyeth Laboratories into the 21st century" said Richard Bate. "Taken together with recent work on our research and administration site at Taplow, I'm talking about very little change from £10m".

He went on to explain the company's recent problems with Ovranette, springing from a since-discredited *Lancet* article questioning the product's safety (*C&D* March 10 p437). The article was reproduced and circulated to doctors by the Committee on Safety of Medicines.

When the *Lancet* article was found to be unsound, the CSM again wrote to doctors. Mr Bate's point was that the article may still influence doctors' prescribing and should be withdrawn. Mr Fowler took particular note here saying it was something his department "might look at".

Mr Bate also urged the Secretary of State to retain a realistic pricing policy. "The benefit from overseas sales may not accrue directly to the Health Service, but will certainly be good for UK Ltd" he said.

"Wyeth are the UK's third largest drug company in terms of the number of scripts written for our products" he told Mr Fowler. "Yet we come only 25th or 26th in sales terms. I think that shows we're giving the NHS value for money. Average cost-per-script across the country is £4, but Wyeth scripts average only £1.50."

Turning to parallel importing, Mr Bate said he was delighted the Government was taking firm action on the problem "but we would urge greater speed".

Mr Fowler replied that he had just spent a late night in the Commons "being lectured by the opposition on how soft we are

towards the pharmaceutical industry it's nice to be given a rather different point of view."

The Government wanted a strong, UK pharmaceutical industry, serving both the NHS and the economy. "We still offer stable Government, an improving economy, a good base for exports to the EEC and the old Commonwealth and, above all, a fine supply of research staff" he said.

Questioned on Hoechst's recent decision to withdraw £10m investment from the UK on the grounds of an unfavourable economic climate, the Secretary of State said he thought this decision, if taken for the stated reasons, was mistaken. Mr Bate later agreed Hoechst's arguments were "not very soundly based".

"Although the industry sees the new Pharmaceutical Price Regulation Scheme as tough, I don't think they feel it's unreasonable... it's something they can live with" said Mr Fowler.

# Tory support for ABPI

**Conservative back benchers have tabled a Parliamentary motion welcoming the Association of the British Pharmaceutical Industry's recent offer of £¼m to advise Third World countries on the storage and distribution of medicines in deprived rural areas. But at least one Labour MP remains sceptical.**

The Tory motion calls the ABPI's move "a further example of the responsible attitude of the UK pharmaceutical industry" and hopes it will do much to alleviate suffering in the Third World. Leading signatories include former Health Minister Gerard Vaughan.

Labour MP Frank Cook has tabled an amendment expressing the hope that the money will especially help those countries being "grotesquely exploited by pharmaceutical merchants who peddle supplies which are untested, sub-standard, and rejected by societies better-armed to do so."

# New £11m HQ for Bayer UK

**Bayer UK's £11m headquarters at Newbury was formally opened this week by Professor Herbert Grunewald, chairman of the international parent company.**

The move was made necessary when the company outgrew its old premises in Richmond and Haywards Heath.

"The development of Bayer in the UK has been successful, indeed outstanding" said Professor Grunewald. "Bayer UK have increased sales fourfold to over £200m in the past ten years."

"However, important as home markets are, it is Europe which provides the key to our common future."

"In the long term, the chances of an individual European nation and its industry being able to stand up are nil. Only when Europe is a unit can we be strong and competitive, and Britain plays an important part in this."

Bayer UK's 1983 results — just amended — show sales up 22 per cent at £206m. Profit before tax near trebled to reach £3.2m.





## Goya change trading name

**Goya International Ltd, who act as agents for Goya Ltd and Care Laboratories, have changed their name to Care Products Ltd.**

The name change reflects the growth of the OTC business from Care Laboratories, with products such as Savlon and Cepton. The OTC side now accounts for well over half the company's turnover, and is seen as the area where substantial growth is expected in the future.

Goya was acquired by ICI in the mid-seventies to develop their presence in the chemist area. Explains Care Products chief executive Charles Syms: "Savlon was a well known brand then, but Goya was a better known name, and became the name under which all products were sold."

Mr Syms adds: "The name change, apart from more accurately reflecting our business, will also give us a better platform to introduce a wider range of OTC products." It is hoped to introduce at least one new product later in the year.

## BOC to buy Colorado co

**British Oxygen Company are to buy BTI of Boulder, Colorado. Approval and closing of the transaction by the BTI shareholders is expected within 30 days.**

The acquisition is to be made through BOC's Ohio Medical Products division. BTI, formerly Biox, produces and



Claire McDougall, manageress of Underwoods' Tottenham Court Road branch, has won £25 in a Barclaycard security competition. She received her prize from the Barclaycard's Colin Stanbridge

markets a line of non-invasive blood oxygen monitors.

Based in Ohio, Medical Products is part of the worldwide health care businesses of the BOC group.

BOC say "the size of the acquisition is not material compared to the group's worldwide interests."

## OTC changes for Vestric

**Vestric are expanding their OTC warehousing operation at Luton and Preston.**

Photographic and surgical goods have left Luton to make room for an expanded OTC distribution centre. The transferred departments are now housed adjacent to the company's Kingswinford branch.

Preston is also being refitted, again to allow for increased OTC turnover. Ethical pharmaceuticals for that area will be supplied from the Heywood branch, which is able to carry greater stock.

## German 'pass' on shop hours

**Germans must "certainly be the most unadventurous race of shopkeepers on earth." Proposals that could loosen rigid controls on shop hours "just a fraction" and allow stores to hold special sales as and when they want have met opposition from all quarters, according to the *Financial Times*.**

West German Social Affairs Minister Herr Heiner Geissler wants to allow shopkeepers to open and shut later than at present, if they want to. Shops — from supermarkets to corner shops — are obliged to close promptly at 6.30pm at present. He has also suggested that restrictions on special sales be lifted and a law limiting ordinary discounts offered by traders to 3 per cent be repealed,

according to the *Financial Times*.

These proposals have met with opposition from groups ranging from trade and retail associations to unions and left wing women's rights activists. The German Chamber of Trade and Commerce has announced that special offers would only lead to "exploitation and abuse" of the consumer. The unions have said that longer hours would create no new jobs and would lead to exploitation of overstressed shop assistants.

However, says the *FT*, the best argument against Herr Geissler was that the best way of improving consumer convenience was to introduce a 35 hour week, and so give everyone five more hours a week to spend shopping!

## BIRA's annual symposium

The British Institute of Regulatory Affairs' residential annual symposium is to be held at Exeter University, Devon, July 11-13.

The theme for the meeting is "Non-Medicines Act: legislation which influences the regulatory process". Details from Mrs G. Roberts, *Pharmax Ltd, Bourne Road, Bexley, Kent (tel 0322 526551)*.

**Tuesday, May 8**

**Bournemouth and East Dorset Branch, National Pharmaceutical Association.** Moat House Hotel, Knyveton Bournemouth at 5pm. Annual meeting with exhibition of NPA business aids, demonstrated by John Goulding, Business Services Manager, NPA. Also cosmetics demonstration and buffet supper.

**South East Metropolitan Branch, Pharmaceutical Society.** Medical Centre, Lewisham Hospital, at 8pm. Detective Sergeant Molyneux, Metropolitan Police, on 'The drugs scene'.

**Wednesday, May 9**

**Isle of Wight, Pharmaceutical Society.** Postgraduate medical centre, St Mary's Hospital, Newport, Isle of Wight, at 8pm. Dr J.A. Smith on 'Biological clocks — how they keep time'.

**Reading Branch, Pharmaceutical Society.** Postgraduate Centre, Royal Berkshire Hospital, at 7.30pm. Annual meeting followed by social evening.

**West Metropolitan Branch, Pharmaceutical Society.** Charing Cross Hospital, Fulham Palace Road, W6, at 7.5pm. Annual meeting followed by 'Current trends in health education' by Miss J. Waghorn, Principal health education officer, Surrey Health Authority. Joint meeting with NFA/WPA.

**Thursday, May 10**

**British Society for the History of Pharmacy.** Pharmaceutical Society, Lambeth High Street, London SE1 7TN, at 7pm. Mr R.E. Walker, veterinary surgeon, on 'Poisoning in classical times'.

**Dorset Branch, Pharmaceutical Society.** Postgraduate medical centre, Poole General Hospital, at 7.30pm. Annual meeting and photographic competition.

**Friday, May 11**

**Hospital Pharmacists Group.** Pharmaceutical Society, Lambeth High Street, London SE1 7TN. Annual meeting. Non-members can attend the lunch and afternoon meeting, members only in the morning. Application forms from above address.

**Sunday, May 13**

**Institute of Pharmacy Management International.** Bonnington Hotel, Southampton Row, London. Annual meeting, at 4pm. Information from Mr Stanley Durham, IPMI secretary, tel 0742 52977.

### Advance information

**Mersey Branch, Pharmaceutical Society.** Room 137 Liverpool Polytechnic, Byrom Street, Liverpool L3 3AF, at 7.45pm on May 15. Mersey region annual lecture on 'The development and significance of the international garden festival' by Mr P. Dewley, assistant design co-ordinator for the international garden festival, and 'Health promotion — the role of the pharmacist' by Dr J.R. Ashton, regional specialist in community medicine. Buffet meal.

**Rural Pharmacists Association.** Blunsden House, Swindon, Wiltshire, May 19 and 20. Weekend conference. Cost including dinner, food, breakfast, lunch, etc. £45. Details from Mr David Hoyle, conference secretary, Tidesswell, Buxton, Derbyshire, tel 0298 8712491.

**Electronic point of sale — designing the right system for your business.** Portman Intercontinental Hotel, London, May 16 and 17. £390 for two-day seminar. Reservations to Spectra Services, Keyersbridge House, Wekingham Road, Hurst, Perks RG10 0RY, tel 0734 345585.

**Society of Cosmetic Scientists.** Charing Cross Hotel, Strand, London WC2, on May 22, at 6.30pm. Annual meeting. New technology in retailing conference, Café Royal, London, on June 7, at 8.30am. One-day conference on 'Electronic money', including talks from Barclaycard, Visa International, Intelmabque (France), Welbeck Financial Services Ltd, Rascal Transcom Ltd. Fees are £245 per delegate. For a booking form or more information contact Maggie Lane on 0734 345585 or International +44 734 345585.



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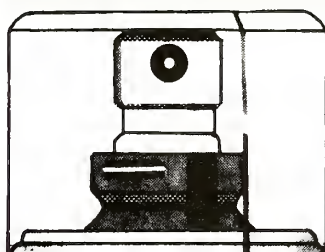
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